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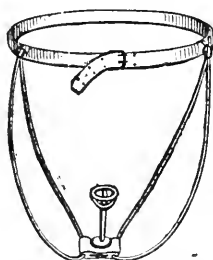
EDITED BY
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AND
D. V. DEAN, M. D.

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THE SAINT LOUIS

Medical and Surgical Journal.

JANUARY, 1877.

Original Communications.

A CASE OF VESICAL CALCULUS, MEDULLARY CANCER OF THE PROSTATE, AND DEATH FROM URÆMIC POISONING.

By G. H. GRAY, M.D., of West Meriden, Conn.

The following case I saw for the first time on March 6th, 1876, which was only six days before the fatal termination, therefore my personal observation extends over a very small part of the history, but being of more than common interest I have taken great care in collecting all available facts from the first, and present it as complete as possible. Not only is it of interest from its rareness, and the puzzling complications which appeared from time to time, but it shows very forcibly and painfully what damage can be done by ignorant, or unskillful, or careless hands even in the use of so simple an instrument as the catheter.

J. H. B. Male; aged 36; married; was for several years railroad station agent, but obliged by failing

strength to give up hard work, was for two years prior to his death doing business as a retail confectioner.

In the spring of 1871 he first consulted Dr. A., his family physician, who is a homœopathic practitioner. He complained then of general debility and suppression of urine, attributing the latter to youthful excesses, for which he had, at the time, used various injections and other local treatment. Dr. A. informs me his diagnosis was "spasmodic contraction of the sphincter vesical, from youthful indiscretions," and the treatment pursued was by means of warm fomentations externally, and iron and cantharides internally, to which the trouble yielded after two or three days of rest and quiet.

Every succeeding spring and fall the patient suffered a similar attack, which always yielded to the same treatment in about the same time. The bladder was never explored, either by the catheter or sound, the above diagnosis, and the results of simple treatment, being considered quite satisfactory.

The last time the case was seen by Dr. A. was February 13th, 1873. This attack was somewhat more severe than any previous one, necessitating a continuance of treatment for two weeks, though the patient was confined to his room only the usual three days, and about March 18th all connection ceased between him and Dr. A.

Such is the account which the Doctor gives me of the beginning of the case, but it differs somewhat from the history as given by the family, they—especially the wife, who was a most faithful nurse through the entire course of disease—insisting that at this early date injections of nitrate of silver were used constantly by the advice of Dr. A. From the wife and family I gather the following history, which I believe to be reliable.

Two years ago (1874) J. B. complained of weakness and exhaustion at the slightest effort, on account of which he gave up his railroad business. He was nervous and debilitated, his hands trembling so that he was

unable to write long at a time. His habits were good, he used no stimulants, and even tobacco only to the extent of two or three cigars a week.

For a year he was troubled with incontinence of urine, and about one year ago began wetting the bed every night. At first the act of micturition always awoke him, but as it progressed he soon came to pass his urine unconsciously.

Some six months after the difficulty appeared he placed himself under homœopathic treatment, which consisted of tonics and injections of nitrate of silver, which latter caused great pain from the first. During his waking hours he passed urine very frequently, but as yet there was no dribbling.

Gradually he grew worse, until he was obliged to urinate every fifteen or twenty minutes. Instruments had never been used upon him up to this time, but the Doctor told him and his friends that his disease was "paralysis of the neck of the bladder," and an unfavorable prognosis was given, "because his father had died of apoplexy."

One year ago he took a long drive in a buggy, having to stop every few moments to urinate, but the effort he made to retain his urine made him worse, and from that time he was annoyed by a constant dribbling.

On his return from this journey he was advised to consult Dr. B.—also homœopathic—who has a reputation, not the most enviable, in the treatment of genito-urinary troubles, and he was told that the urine had collected in the bladder and it was only necessary to evacuate it, which he proceeded to do by means of the catheter.

He seems to have had some difficulty in passing the instrument, and told the patient there were several false passages. His theory of these was somewhat peculiar, as he said Dr. A. had used nitrate of silver, which had eaten a number of little holes in the urethra. From subsequent developments, and post-mortem appearances, it

is evident that he managed to enter one of these "little holes," and with more force than skill *thrust the catheter through into the prostate.*

But finally he succeeded in reaching the bladder, and drew off a considerable quantity of urine.

From this operation the patient came home exhausted and went to bed, and the next time he passed water suffered most excruciating agony, and bled profusely, though subsequently there was no pain with micturition, but the bleeding continued for some time. The dribbling however was checked for the time, and was kept in check by passing the catheter every two weeks.

About August 1st the Doctor said it was coming hot weather, and it would not do to pass the catheter any more until the weather should be cooler, and gave a tonic to be taken during the summer.

This was faithfully taken for the next two months, but in spite of it the patient continued to fail until October 1st, when the dribbling again began, and on October 3d the catheter was again passed, which was repeated on the 10th and 18th.

After this last time he became more feeble than at any previous period, and concluded to go away for change of air. He went a half-day's journey in a buggy, being obliged to stop every fifteen minutes to urinate, but was forced to abandon his intention of going farther, and tried to return home, but his pain increased to such a degree, and dribbling began again, that he stopped by the way, suffered a night of torture and returned home the next day.

Pain and dribbling were now constant, the former especially severe with any attempt at a full evacuation of the bladder.

Dr. B. was sent for and came in twenty-four hours, bringing several instruments with him, saying that the patient must be "reamed out."

From the account of this operation it is evident that

urethrotomy was performed, as the instrument is described as having a "cutting edge," and its withdrawal was followed by a gush of blood, which saturated the bed and ran through onto the floor, besides causing intolerable suffering. *

The second day after this several clots came away, and were followed by incessant dribbling of bloody urine. After a week he so far recovered as to be able to ride out, but a new feature had now appeared. He could hold his urine for nearly an hour at a time, but every act of micturition was accompanied by a large and loose movement of the bowels, and this continued for two or three weeks.

On Thanksgiving day, 1875, he went six miles to a neighboring town to attend a family gathering, but was obliged to keep in bed most of the day, though on coming home the next day he felt very well, could hold his urine, and was so encouraged that he gave a large dinner party, at which he "did the carving and was quite himself."

That night about ten o'clock he awoke his wife, complaining of "clincing pains" over the bladder.

Hot cloths were applied, but the pain continued until five o'clock in the morning. The Doctor was summoned and wished to pass the catheter again, but was not allowed to do so.

At the urgent entreaty of the wife counsel was summoned from Hartford, and Dr. B.'s diagnosis and treatment were endorsed and confirmed. (This Hartford Doctor, by the way, is a member of the Hartford City and County, and the Connecticut State Medical Societies.) He introduced a small instrument, and said decidedly there was no stone, but it was a simple case of stricture, that had been managed quite correctly. He gave rather a favorable prognosis, and advised nourishing food and brandy. The latter was objected to by Dr. B., as it

would "increase inflammation." An *enema* was also advised, which resulted in three copious movements.

Diarrhœa now set in and became continuous, but the *urine ceased altogether*. The bowels became so sensitive that the slightest touch or movement of the patient would produce an evacuation. He had no sort of control over them, and every morning there was a large tub full of sheets that had been saturated during the night.

This state of things was pronounced by Dr. B. "a god-send, as it gave the bladder a rest." Thus it went on for a week, bed-sores forming from the constant filth in which the patient was obliged to lie. Even a sudden jar of the bed, or a heavy step on the floor, or the skimming of a door, caused a movement of the bowels, and the Doctor declared he dared not check them, as, if he did, the patient would not live twenty-four hours.

The only way any sleep or rest could be obtained was by having some one sit by and hold the bowels tightly. For a week there was no sleep night nor day, and opium was given, which at once resulted in vomiting and an increase of diarrhœa, *but for three weeks there was no urine passed*; that is, all the fluid that came from the body passed by the bowels.

At this time Dr. B. ceased his visits, saying he could do no good, but reasserting to the friends that "the water was passing by the bowels and giving the bladder a rest."

On January 10th, 1876, a regular physician was called, and found the condition of the patient to be as follows:

Pulse 120, small and thready, respiration 32, temperature 100.5 ° F. He was terribly emaciated, a mere skeleton covered with a hot, dry skin, that looked like old parchment. Tongue was dry, red and shining, and teeth covered with old *sordes*. Lungs and heart were sound. The abdomen was tympanitic. Auscultation revealed blowing sounds in the carotids. The bowels moved at the slightest stir, which rendered a prolonged examina-

tion impracticable. The discharges and the breath had the same sickening fœtid odor. He was conscious, but exceedingly feeble.

A flexible No. 5 catheter passed, showed the bladder empty. Every few moments a forcible contraction of the bladder could be felt and plainly seen through the attenuated abdominal walls.

The friends expected nothing from treatment, and a decidedly unfavorable prognosis was given. It was thought advisable to check the bowels at once, if possible, for which purpose large doses of bismuth, opium and tannin were employed. Xanthorrhœa was also given, and brandy in carbonic acid water. For the spasms of the bladder an anodyne lotion was applied over it, and Wilson's cod liver oil was given as a tonic.

In two days the bowels began to check, but still no urine appeared, until January 13th the catheter removed about half an ounce.

On January 14th he was seen by Dr. Francis Bacon, of New Haven, who advised a diuretic. He passed the catheter, but found no urine, and also sounded for stone, but found none—a good reason for which will appear later. There was a total suppression of urine for seven days, absolutely not a drop passing, except the one morning when a half ounce was removed by the catheter.

On the third day after the diuretic was begun the urine started, and as it became established the bowels ceased their movements, until about February 1st there was one normal movement every day, which lasted to the end. The catheter was passed every morning.

From this time there was steady improvement. By the last of January there was a very fair appetite; he soon began to eat ravenously, and was supplied with the best living possible. The cod liver oil was continued; he grew fleshy, and by February 1st was able to leave his bed.

At this time he had reached the zenith of his pros-

perity, appetite was good, bowels regular, water passing freely, and he gaining constantly in flesh and strength. Several times he walked a couple of blocks down the street, and even as late as March 7th—only five days before his death—he came down into the city with the help of his cane.

His urine contained a trace of albumen, but it was not marked, though it was loaded with a substance like slimy mucus, which, I suggested, might be of a malignant character. I saw him first on March 6th, at which time his condition was as just described.

On the 10th he was not so well, and went to bed feeling exhausted. During the night his urine stopped, and the catheter failed to detect any, soon after which he suddenly became comatose, with all the usual signs of uræmic poisoning, and about nine o'clock on the morning of the 12th, without having roused in the slightest degree, he died.

At the urgent request of the family, as well as from our own desire to do so, an autopsy was made, four hours after death, with the following results:

A crucial incision was made in the linea alba from the umbilicus to pubes, and from one iliac crest to the other. Pushing aside the protruding intestines very gently, the hand broke through what seemed to be a very thin cyst wall, and out gushed two or three quarts of urine loaded with the same gelatinous substance, which had been observed in the urine during the latter part of life, and this led to the supposition that we had ruptured an enormously distended bladder.

After sponging carefully to remove all fluid, there remained an indescribably fetid, brownish-black mass, so decomposed and disorganized as to give no sort of clue to its structure or origin, but which from its position we thought to be a carcinomatous bladder. Noticing a hard tumour directly in front of this, I passed the knife over it, and a stone rolled out, weighing a full ounce avoirdupois.

pois, and then we learned that the bladder—from which the stone came—was very small, so that it had before escaped notice, and had thickened disorganized walls. It was peculiar in shape, being almost circular, except at the base, where a cul-de-sac had formed, in which the stone had been lodged. This fact accounts for the calculus not being discovered by the sound during the later weeks of the patient's life, for any instrument entering the bladder, must have passed directly over the somewhat contracted mouth of the sac.

The lining membrane of the organ was hypertrophied, inflamed, degenerated and hæmorrhagic. Passing a bent probe into the urethra from the bladder, it readily entered an opening about an inch from the internal opening of the urethra, which led backward into the large cyst before mentioned.

No prostate could be found, the corrupt mass described being all that was left of it. The region it should have occupied, as well as the recto-vesica-cellular cul-de-sac, were filled by a cancerous growth, whose interior surface was covered by a thick, purulent, reddish-gray exudation, and whose walls were continuous anteriorly and posteriorly with the walls of the bladder and rectum, but laterally it had a wall of its own. It extended as high as the fundus of the bladder, and below to the bulb of the urethra.

The right kidney seemed healthy, but the left was smaller than normal, somewhat shrunken, with marked contraction of its substance in spots.

Dilated vessels, and points of hæmorrhage were numerous. The cortical portion was diminished in thickness. The pyramids and pelves were normal in size, the former being of a bright gray color.

The rectum seemed normal except the mucous membrane which was swollen and somewhat hardened.

The stone was a flattened oval, thickest in the center and gradually falling away toward the edges. It weighed

one ounce *aro.* was one inch and seven eighths (1 7-8) long, one inch and three eighths (1 3-8) wide, and one inch in thickness. Its exterior was smooth, polished and of a fawn color in part, and partly nodulated, granular, and of a grayish hue, the smooth part very hard, but the other easily detached by the finger in its recent state, and still easily indented by the finger nail after a brief exposure to the air had rendered it dry and harder.

The morbid specimens were sent to Dr. S. H. Chapman of New Haven, for chemical and microscopical examination, and afterwards presented to the museum of the Yale medical college. That part of the report given merely from inspection of the various specimens, appears above in my account of the autopsy as it coincides exactly with my own observations, but the more careful examination by reagents and microscope I quote verbatim:

“Microscopical examination A. of growth.

The semi-solid mass lining the growth was composed of:

1. Pus cells.
2. Blood cells; both considerably changed in appearance.
3. Cells, spindle-shaped, round and oval, with nuclei—none of them possessing more than one nucleus, and filled with granulations and oil globules.
4. Oil-globules of different sizes.
5. Granulations, from destruction of cells.
6. Shreds of connecting tissue with cells.
7. Portions of non-elastic muscular fibres, having numerous cells, and almost entirely filled granulations and oil-globules.

B. The walls of the growth were composed of

1. Reticulated fibrous tissue undergoing fatty degeneration, and enclosing medium sized round and oval cells. The tissue itself was permeated by round, oval and also spindle-shaped cells; the latter being somewhat irregu-

lar in size and shape, and not so numerous as the former. Some oil globules and degenerative granulations were also present. Mingled with the fibrous tissue were found also.

2. Non-elastic muscular fibres, undergoing degeneration, possessing several cells each.

None of the original tissue of the prostate could be found, beyond the fibrous tissue and muscular fibres.

C. Kidney. Sections of kidney show, 1. increase of fibrous tissue; 2. infiltration of fibrinous material into the uriniferous tubules. 3. Proliferation of epithelial lining of the tubes. 4. Diminution in size of the glomeruli, with production of cells upon their peripheries. 5. Stasis and distension of the veins, with hæmorrhages into the parenchyma of the organ.

D. Stone. The outer rough and nodulated coat, or layer, was composed of mixed uric acid and bony phosphates. The second, hard, fawn-colored layer was uric acid alone. Beneath this was a gray, granular soft substance which proved to be bony phosphates. The stone was not divided so that it is impossible to tell of what the nucleus was composed."

I feel myself quite incapable of doing justice to such a case in the way of remarks or theories concerning the several phenomena which occurred during its course, some few things however, seem plain to me, though my conclusions may be incorrect.

There is no history, so far as I can discover, of malignant disease on either side of the patients' family, and yet there seems little doubt that he possessed a medullary cancer of the prostate. How long it had been growing, or what was the exciting cause of its appearance it is impossible to say. The patient had been married years, and leaves a bright, active, apparently perfectly healthy boy years old, which is the only child they have had. His sexual vigor certainly had not been impaired up to the time when incontinence of urine first became

manifest, and within six weeks of his death, he on one occasion showed a desire for coition, and saving in the way of general prostration and weakness, seemed fully capable of accomplishing the act successfully. But however long or short a time may have elapsed since the growth began, there had been sufficient for it to enlarge until it occupied the entire recto-visical cellular-cul-de-sac.

At the same time a stone was forming in the bladder, it seems almost incredible that the catheter could have been passed over and over again during the early history of the case, and before it was possible for the stone to sink down, creating a sac for itself without coming in contact with it. And yet this was done. No stone was detected either by Dr. B., or the Hartford man who came to endorse him.

That it should have defied detection later, when the prostate had disappeared, and when there was nothing to prevent its own weight from dragging it down into a nest behind and beneath the internal orifice of the urethra, is by no means strange, for any instrument that could pass the urethra would glide directly over the mouth of the stone's sac, unless provided with the means of turning the point to a right angle like a uterine repositoir, and surely no one would ever think of the possibility of such a situation unless he had seen something of the sort, of which I find no record.

There seems little doubt that the first attempt at catheterism by Dr. B.—whether or not there were false passages which I greatly question—resulted for one thing, in an artificial opening from the urethra into the prostatic cancer, which probably was already degenerated at its center, and now found an exit for its softened contents, and the constant escape of the products of the malignant process kept the encephaloid from spreading to adjacent parts.

As this action went on, the natural support of the base

of the bladder was of course removed, rendering easy the sinking of the stone to the position described, where its weight would form a sac like the scrotum in shape.

It is probable the urine had no opportunity to collect in the bladder even when the kidneys were in healthful operation, for the urethrotome had been used fully at the neck of the bladder, and so the urine had no difficulty in passing it, but once arrived in the urethra it much more easily flowed backward through the artificial opening into the prostate, than onward through the inflamed course of that portion of the urethra beyond it.

This accounts rationally for the total disappearance of urine for seven days at a time, and almost totally for the quarter part of three weeks at another time, and also for the enormous quantity discovered in the sac at the autopsy.

But it is less easy to account for the exit of the immense amount of this fluid per rectum, for no opening could be discovered into the bowels, and if there had been it would seem natural to suppose from the relative position of the parts, that there would have been no chance for such a quantity to collect as was found *post-mortem*.

That the fluid which came from the rectum, and that which from time to time passed by the urethra was the same, the odor and appearance leave undoubted, but how did this semi-solid, jelly-like substance get through the coats of the intestines? There must have been an opening of some sort that escaped discovery.

Death finally, was not from the cancer, which of course must have terminated life sooner or later, but from uræmia, as shown by the groupe of symptoms ending profound coma into which he passed suddenly and from which there was not the slightest attempt to arouse.


It is fortunate the stone was not discovered during the last six months of the patient's life, for an operation must

have eventuated fatally, and it would doubtless have been attributed to the operation.

One of the most wonderful features of the whole case seems to me the power of endurance shown by the patient. With such a mass of death within him he lived for several months a cheerful, hopeful life, and only six days before his sudden demise he walked about a quarter of a mile and seemed to promise a complete recovery.

Such is the case. I have no doubt many useful lessons have escaped me in presenting it, and many points have been overlooked that would be of interest, but I have something of an apology in my limited personal observation of it, and in the manner and various sources from which I have been obliged to collect the facts.

One thing seems certain, that unskillful and bungling catheterism, say nothing of the criminal carelessness and cruelty of the early treatment, cannot be too highly censured, and it is a disgrace to our boasted civilization that butchers can be licensed to deal with any but brute animals. However so long as our standards of professional culture and education are so low, the public must expect to be shocked by such harrowing cases, and so long as people dispense with common sense in committing their loved ones to the care of impostors, they must derive what sad comfort they may from what they in their infatuation call "dispensations of Providence."



PARALYTIC CONVERGENT, STRABISMUS, FACIAL PARALYSIS, ETC.

CONSEQUENCES OF A SMALL TUMOR IN THE MEDULLA OBLONGATA, ALSO IN THE CEREBELLUM

By R. GEBSER, M. D.

July 28th, I was invited by Dr. Heyer to see a patient in consultation on account of an eye disease which had become troublesome of late.

The patient, Ida H., nine years old, had been sick for about thirteen months, and had been during that time in the hands of seven or eight physicians, mainly Homœopaths. The parents reported that she had been treated for spinal meningitis, malarial fever, liver disease etc., etc. That she had during that whole period suffered more or less from fever but had never been so low as to be obliged to stay in bed longer than a week at a time; that she never had lost consciousness, and had always enjoyed a pretty fair appetite.

In February last they noticed that she became slightly paralyzed on the right side, which symptom was followed by facial paralysis on the left side a few weeks later. The patient complained sometimes of headache and had slight fever now and then. Towards the end of the month of May the mother noticed for the first time that the child commenced to squint (*Strabismus convergens paralyt.*) During that whole period of time, one physician followed another and the patient was treated according to their different diagnoses.

On June 20th Dr. Heyer was called in to take charge of the case. He found the above mentioned symptoms not altered, except that the left eye had lately become inflamed, and as this condition seemed to grow more serious, the parents felt much alarmed about it. On ac-

count of this complication, Dr. Heyer invited me to see the patient.

The conditions were as follows:

Left side facial paralysis producing a considerable lagophthalmus, as the lower lid was drooping and could not be lifted voluntarily. The conjunctiva of the eyeball was very much injected and swollen but more in the nasal side; some purulent discharge; cornea cloudy and grayish; very slightly sensitive to the touch, presenting on the nasal side a superficial ulcer about 2 " in diameter reaching nearly to the limbus conjunctivæ. The eyeballs converging to such a degree that the inner corneal margins were in the same meridians with the lachrymal points; mobility towards temporal sides abolished, indicating a perfect paralysis of the sixth pair. Sight in the right eye seemed to be good.

Patient was so irritable and nervous that an ophthalmoscopic examination could not then be obtained. The whole right side was slightly paralysed so that patient could walk only with difficulty on account of the limited use of the right leg, which appeared somewhat thinner than the left one, also the right arm; the muscular power in both diminished. The patient complains occasionally of headache. Respiration natural, pulse 80, and regular. Digestive organs in normal condition; appetite pretty good.

Diagnosis was tumor in the brain, probably at the basis cranii, to which affection all symptoms above mentioned could be well referred. Prognosis, *quo ad vitam pessima*; in regard to the timely preservation for the affected eye, doubtful. Treatment: The right eye was carefully cleansed and then atropia (one grain to three drachms.) instilled; both eyelids were mited and kept close together by means of small strips of adhesive plaster. After this both eyes were bandaged to secure perfect rest to the parts.

For the following eight days I dressed the eye myself

morning and evening, in the same manner and could observe that it became less inflamed, the discharge lessened and the cornea and the ulcer commenced to dry up. The internal treatment which had consisted of iodide and bromide of potassium was continued by Dr. Heyer.

As the father of the patient lived in the northern part of St. Louis, at a great distance from my office, and found it very inconvenient to bring her to me twice daily, he insisted on attending to the child himself. He promised to bring her every second day, but he failed to do so. Five days afterwards when I saw her again I found that the whole cornea was sloughing, conjunctiva swollen and discharging freely. I told the father that the eye was lost and that the farther treatment could be directed only against the inflammation and the rapid growth of the corneal staphyloma which had commenced already to develop.

I advised him to keep the eye very clean and to apply a bandage to it as tightly as the child could bear it and to stop the use of atropia. A week later I saw the child again, the condition of the eye had not changed much, but the staphyloma had developed more. Five days after this I saw the patient for the last time. The staphyloma protruded about 3 lines. The father told me that in the meanwhile Dr. Hodgen had seen the case and had diagnosed tumor of the brain, probably of tuberculous nature and had given a very unfavorable prognosis—that the afore-mentioned symptoms had remained unchanged during the last week. As the child at this time was less irritable than during my former visits I found at last the much desired occasion to examine the right eye with the ophthalmoscope. The fundus appeared normal, the blood-vessels were perhaps somewhat hyperemic but not to such an extent that the condition could be called pathological. Certainly there was no optic neuritis. The result of this ophthalmoscopic ex-

amination changed my diagnosis regarding the location of the tumor, as it seems to be an established fact according to a number of observations in cases of cerebral tumor made by Dr. Annuske* that neuritis optica is a constant symptom in these affections. The tumor could not be suspected in the hemispheres but more likely in the cerebellum or even in the medulla oblongata. The sight of the right eye as far as could be ascertained had not suffered.

Four weeks after this last visit I received an invitation to the postmortem of the patient which unfortunately came too late to my hands to enable me to be present. Dr. Hodgen, who made the post mortem, and Dr. Heyer, who was present, told me that a tumor of the size of a peanut was found in the medulla oblongata, encroaching upon the corpora olivaria, and a second somewhat smaller tumor in the cerebellum. The size of the tumors explains the general symptoms as well as the condition of the papilla and retina, and the paralysis of the sixth pair. The diffuse keratitis and the corneal ulcer could be considered as the consequence of the continued exposure of the eyeball to the atmospheric influences and to the dust, one of the results of facial paralysis.

1017 Olive Street.

*ENTROPION SUCCESSFULLY TREATED BY
HYPODERMIC INJECTION OF
STRYCHNIA.*

MR. EDITOR:—The following case of entropion with trichiasis, and my method of relief may be of some interest. My patient, a German laborer, aet. 57, unmarried, of a nervous constitution, consulted me April 1st, 1876, in

*Graef's *Archiv für Ophthalmologie* V. XIX, P. 393

regard to his eye. He had been suffering from malarial fever and gave evidence of an impaired nervous system, the result I suppose, of the abuse of alcoholic stimulants during life. The entropion was of the left lower eye lid and had existed about one week, previous to which time he had a slight inflammation of the eye.

There was naturally, though not marked, a redundancy of the skin around both eyes. When the lids were open, by pulling upon the skin beneath the affected lid, the lid was easily pulled into its proper position, but immediately inverted upon closing them.

The good lady, at whose house the patient was staying, with a view of "curing the eye," very closely clipped off the eye lashes of the affected lid with a pair of scissors, thus innocently aggravating inflamed eye.

I proposed to the patient the usual surgical operation as the most certain method of relief. The idea of *cutting* entirely opposed him to the operation. After thinking over the case it occurred to me that the hypodermic injection of strychnia with the orbicularis muscle of the affected lid might remedy the evil. I prepared a solution of strychnia by dissolving one-half grain of strychnia with acid, acetic, and adding one drachm of water. Putting the lid into its natural position, I injected about five drops of this solution beneath the integument of the eye lid at a point about one-third of the distance from the outer to the inner angle of the eye, and one-fourth of an inch below the margin of the lid. Immediately following the injection, there was a marked twitching of the muscle, the patient describing the sensation by saying "it jerked all de vile, Dr.". Entire relief was given by the single injection. Nor has there been a return of the trouble since.

The only unpleasant effect of the injection was a swelling of the surrounding integuments which subsided in four or five days.

One case, Mr. Editor, does not furnish us much evidence, but that furnished suggests the probable relief from this affection by very simple means. The injection of strychnia into the paralyzed muscular structure, is nothing new and is often followed by a return of the contractile property of the muscle. The simplicity of the operation in entropion should certainly give it preference. Though experimental to the usual surgical operation. You might term this conservative surgery. Might not the same injection be of benefit in many cases of Ptoſis?

Respectfully,

P. M. HIGGINS.

Manchester, St. Louis County, Mo., Dec. 12, 1876.

CAN SYPHILIS REOCCUR; OR, CAN A PERSON HAVE SYPHILIS TWICE?

By THOMAS KENNARD M.D.

[Read before the St. Louis Medical Society, Nov. 4th, 1876.]

This question would most probably be answered by the majority of physicians, who have not made venereal diseases a special study, by a decided negative, and yet cases of reinfection—though very rare—are not unique, for the experience of almost every one engaged in a large syphilitic practice must have furnished him with instances of true syphilis reoccurring in the same individual. The most obstinate and determined opponents of double syphilis have been forced by clinical experience to admit this well-established exception to the general law. More than twenty-five years ago M. Bouley, then physi-

rian to the Lourcine, and who was considered to be a competent observer, and a reliable reporter, said that he had succeeded in producing syphilitic reinfection on a woman by inoculation when she was suffering from tertiary symptoms. M. Diday, for many years an enthusiastic advocate of the doctrine "once syphilized, always syphilized," was obliged to abandon that idea by the teachings of clinical experience, and not many years afterwards published the details of twenty-five cases where a true chancre had been observed twice in the same individual after a long interval. Twenty of these cases came under his immediate observation. Heinrich Korbner, of Berlin, has tabulated over forty cases of a similar nature, some of which, however, are not trustworthy. Jonathan Hutchinson reports a very interesting case of the kind which happened to a physician whom he treated, and where the history and course of the case were critically noted.

Cullerier says that "there are some indurations which have been chancreous, and also certain ganglionic indurations which will last several years, although the subject of them is free from their secondary and tertiary symptoms, owing to judicious treatment well followed up: and that upon these indurations, which resemble fibrous inodular tissue, there will some time be developed simple erosions, or soft chancres, which perfectly simulate a new infecting chancre." We observe the same thing in regard to syphilitic eruptions. Roseola has been observed to return in the same patient every spring for several years after the syphilis had apparently been perfectly cured. Some authors account for these anomalous occurrences upon the ground that the syphilitic poison imbibed by the first attack was never entirely eradicated.

Others contend that this explanation is proven to be incorrect, because undisputed second and even third attacks of variola, rubella and scarlatina, have been re-

peatedly observed, and no one would contend that the poison producing these second and third manifestations remained dormant in the system during the long intervals between the attacks. We generally consider, for want of a better explanation, that the protective power of scarlatina, rubeola and variola wears out in certain constitutions, and then why not admit the same in regard to syphilis? One reason why we cannot, is because these second attacks of true chancre sometimes come on too soon to reconcile their appearance with any such idea, as in the case which I shall presently give you in detail.

The second attack then cannot be due to the fact that syphilis is never cured, for the order of the recurrence of the symptoms, as well as the united experience of almost all modern syphilographers contradict that. Every modern author of distinction admits the curability of syphilis, and all whose experience has not confirmed the fact should refuse to treat it in future. In fact, if we do not acknowledge the curability of syphilis we cannot account for these second attacks without also denying the generally accepted belief that no diathetic disease can effect the system a second time, until the effects of the first attack have entirely disappeared. These strange cases of double or reinfecting syphilis prove two things: first, the complete curability of syphilis; and second, the possibility of the second genuine attack of the disease, if any reliance is to be placed upon the observations and statements of experienced men.

The curability of syphilis is a vital question for every medical man to definitely settle in his own mind, for, unless he has done so, he cannot conscientiously answer that all-important question, "Am I well, and may I marry with impunity?" His reply to which may produce unalloyed happiness or demoralizing despair. I am willing to go even further than most men in this direction, and to declare that *most cases* of syphilis can be com-

pletely cured by proper care, and that the disease need no longer be that bug-bear which most of the unprofessional, and too many of the profession, believe it to be.

Indurated chancres and their consequences have been observed a second time in the same individual in so many well-authenticated instances that we have no longer room to doubt the possibility of double syphilis, or to deny that syphilis does occasionally repeat itself. These second attacks are, however, generally much modified in their course, and milder in their nature, just as varioloid is milder than variola, and the reoccurrence of the disease is very limited indeed, just as is the case with variola, scarlatina and other exanthematous diseases. Sometimes the second attack simulates the first in its course, but generally it is very irregular and undetermined, and also much milder than the first, only certain symptoms of syphilis manifesting themselves.

I know of no disease more amenable to treatment than syphilis, and none in the management of which remedial measures prove to be such reliable remedies. Unfortunately, however, both for the patient and the scientific specialist, every medical man imagines himself an adept in the treatment of syphilis, and consequently we are continually contending with the results of crude treatment, and being confounded by the confused conclusions of inexperienced physicians. The clinical experience of the most renowned and reliable authorities, I repeat, confirm the fact that true syphilis may occasionally happen a second time in the same individual. Cases of auto-inoculation of infecting chancres reported by many reliable and distinguished authors establish the same fact.

M. Diday sums up his conclusions about the cases that came under his observations in substance as follows: that the undeniable cases were all preceded by an indurated chancre just as in first attacks, but in most of them secondary symptoms were no less severe, and of shorter duration than from the first empoisonment. All

traces of the disease had generally disappeared for sometime previous to the appearance of the second chancre, proving both by that fact, and the new attack that syphilis does get well. The earlier the re-infection, the feebler the attack, and the longer the interval between the attacks the more severe the consequences. The duration of syphilis under improper treatment or inefficient treatment, is so long and so uncertain and relapses are liable to occur at such long intervals that we could not be justified in considering any case a second attack, unless it was preceded a short time by a characteristic hard sore, a second initial local lesion in the form of a true chancre for otherwise one cannot know when the syphilitic diathesis is exhausted, or that the poison has ever been eradicated from the system. These second attacks are liable to be mistaken by careless or inexperienced physicians for *indurated chancroids* (if I may use that term to designate certain simple local sores that have become indurated by improper treatment;) for an indurated mucus patch, or for some tertiary ulcer simulating in appearance a true chancre. We all remember how many so called true chancres our army surgeons reported during our recent war, as having been produced by improper vaccine; how whole companies had been thus inoculated, and yet how readily a thorough examination by experts proved that these cases were not syphilitic in but very few instances.

From the fancied similarity between the manifestations of syphilis in its different stages of evolution and the different stages of exanthematous fevers, variola, scarlatina, rubcola, &c. It has been contended by some, that as with these diseases, one attack exempts an individual from a second, that is a person cannot have syphilis any more than he can have variola but once.

Some enthusiasts, or rather men of unbounded self-conceit, who are anxious to leave the impression of their peculiar ideas upon any subject upon which they

write, have actually classified syphilis with the exanthematous fevers. But granting them these forced analogies it would be no argument against the re-occurrence of syphilis, for many persons have had measles a second and even a third time.

Another very large class of medical men, previously alluded to, contend that syphilis can never be cured, and that no matter how long the period of complete exemption from manifestations of the disease, still the sword of Damocles hangs over their heads, and they are liable at any time to have their troubles return, even though it may be after ten, twenty or thirty years of fancied security and enjoyment, or in other words that the syphilitic diathesis is inextinguishable.

The main difficulty, then, in settling this point, is due to the indefinite and undeterminable duration of the disease; persisting as it does in some cases for months and years, in spite of the most appropriate management.

Syphilis, uncomplicated, is not so obstinate and unmanageable as are the combined results of the disease and the abuse of mercury in its treatment. The constitution will in very many cases withstand the inroads of syphilis even without the aid of medicine, but will most likely break down under the combined effects of the disease and bad treatment. Mercury, our sheet anchor, if not properly handled, may wreck the whole system, and it is the blind and ignorant abuse of this wonderful remedy that entails so much misery upon syphilitic patients, and even those who have no syphilis, but only local venereal sores. This mercurial empoisonment produces so many anomalous and oft recurring troubles that it induces many to consider syphilis incurable and to them a second attack seems impossible, for they contend that the disease cannot be produced anew until the first attack is cured.

The case occurring in my practice, that suggested the above remarks, was that of D. C., a steamboat carpenter,

a very plain, honest and reliable man, whom I had known well for about eighteen years, and who had been treated by me several times for gonorrhœa, and once, at least, for chancre. About the middle of December, 1875, he cohabited with a prostitute in this city (St. Louis), and the next day embarked on a steamer for New Orleans, and after an unusually tedious trip of fifteen days arrived in that city. Two days afterwards he noticed a sore on his penis, which, from his description and the effects following it, was undoubtedly a chancre. At the recommendation of friends, he applied to a so-called specialist, who after considerable time succeeded in healing it, but soon afterward the same spot where the first sore was, became eroded and opened again. He then left the Crescent City for St. Louis, arriving here on the 5th of February and presenting himself to me on the same evening. Upon examination, I found him suffering from gonorrhœa, and a well-marked Hunterian chancre, accompanied by syphilitic rosœola. The induration and adenitis was very marked in both the inguinal and suboccipital glands, and the chest and abdomen and extremities were well covered with the characteristic eruption. There was also ulceration of the throat, and the usual red appearance of the fauces, with marked general debility. Under the use of minute doses of Pil: Hydrarg.; calomel and opium combined, I succeeded in producing slight ptyalism and gradual softening and healing of the chancre. The sore throat, however, under the most careful and appropriate treatment, was quite obstinate, and the peculiar dingy coppery stains (macula syphilitica) remained a long time after the disappearance of the rosœola and the healing of the sore. The induration of the inguinal glands also subsided very slowly, although I kept him under the influence of small doses biniodide of mercury and large doses of the tartrate of iron and potash.

Some time after the healing of the chancre, syphilitic

papules made their appearance in clusters upon the forehead, forming the so-called corona-veneris, but as usual causing no trouble beyond the annoyance of their appearance. The ulcerations in the throat and upon the tongue and inside of the lips continued to re-appear at intervals, and the indurations of the inguinal glands proving unusually obstinate, I commenced using the protoiodide instead of the biniodide of mercury, and directed the patient, who left the city about the middle of March, to continue it with care for a couple of weeks or more, but he unfortunately salivated himself, as often occurs with this remedy, and experienced considerable trouble from it. He returned to St. Louis on the 19th of May, when all induration about the sore had disappeared, and there was no sign of the disease except the ulcerated throat and lips, which I understand healed.

On the 15th of August, after he had been for a long time free from external manifestations of secondary syphilis of any kind except a few macules, he came to see me, and much to my surprise, showed me another well-marked hard chancre, more characteristic in appearance than the first one, and accompanied by marked induration and enlargement of the inguinal and post cervical glands. After a very careful examination, I remarked to him, "well, you are a most extraordinary man, for you have got a new case of true pox before your first case was entirely cured, which is one of the rarest accidents ever met with in the disease." At first he denied having exposed himself since he had seen me, but soon owned up that he had, and that the sore had made its appearance rather sooner after his exposure than the first time. In order that I might not be mistaken in my diagnosis, I refrained from using mercurials for more than two weeks, and relied upon local treatment only, but the sore showing no inclination to heal, I resorted to alterative treatment again, to which it soon yielded, but the adenitis was very obstinate, and soon a profuse vesicu-

lar syphilitic eruption made its appearance of an impetiginous character; that is, the fluid in the vesicles, at first semi-transparent, soon became turbid and sero-purulent, and then dried into crusts, which slowly fell off. This eruption proved quite obstinate to both constitutional and local treatment, and was followed by some patches of syphilitic psoriasis.

About the 10th of September the patient, who had been working hard at his trade for about two weeks, complained to me of great pain over the front of his leg. Upon examination I found a swelling about four inches by two over the front of the right tibia, of a doughy feel, painful to the touch and quite red over the whole surface. From its appearance I felt confident that suppuration could not be prevented, but to avoid it if possible, I ordered the whole surface to be thickly covered with an ointment composed Unguenti Hydraigyri, Extracti Belladonnæ and Unguenti Stramonii, which served to allay the pain somewhat, but did not delay the progress of the inflammation very much. I then ordered the constant application of hot poultices composed of Pulv. Phytolacæ and Pulv. Seminis Lini. As soon as well-marked fluctuation could be felt, I made free incisions down to the periosteum, which gave vent to a copious discharge of unhealthy pus and blood, and relief to all pain. These incisions were necessary again about two weeks afterwards, and then by means of poulticing and remaining in a recumbent position, all inflammation gradually subsided, and the patient has been attending to his business for three weeks or more, all signs of periostitis having disappeared.

Proceedings.

DENVER MEDICAL ASSOCIATION.

DENVER, COL., October 10, 1876.

The Denver Medical Association met at the office of Dr. W. R. Whitehead. The president, Dr. McClelland, in the chair. After the preliminary business had been transacted, under the head of "Report of Cases," Dr. McClelland reported a case where the end of a finger had been wholly severed and yet where union resulted readily upon securing the dissevered end in its proper position. Similar cases were mentioned by other physicians.

Under the regular discussion Dr. Whitehead read a paper on fractures. The paper was prefaced by forcible reference to the importance of the Denver Medical Society, and to the necessity of this association assuming the aggressive character in the matter of elevating the standard of medical knowledge in the new State of Colorado.

Fracture of the Clavicle was first considered. The clavicle is properly a bone of the upper extremity, and in connection with the treatment of fractures of this bone the writer offered the following proposition: In all retentive apparatus for this fracture, in addition to other obvious indications, it is of paramount importance to fix both the scapula and humerus in order to obtain the least deformity. This he thought could be most successfully accomplished by a modification of Richardson's splint, which he exhibited to the society. "You observe the apparatus is so simple, being made principally of paste board, it can be readily improvised. It needs only a small roll of cotton covered with cloth for an axillary pad, and a couple of pieces of adhesive plaster to

fasten the apparatus to the body and to the arm. The paste board should extend well behind, so as to nearly cover the scapula."

2. *Fracture of Fore-arm.*—Proposition: The most suitable position for an accurate co-aptation of the fragments, and an exact consolidation without displacement, is the supine position of the fore-arm. Various authors were quoted and a number of arguments adduced in favor of this position, in giving good results.

3. *Fracture of Femur.*—To maintain the immobility of the fragments, and as accurately as possible their apposition, it is necessary in addition to extension and counter-extension that the retentive apparatus should fix the pelvis as well as the thigh. While he prefers Buck's apparatus, yet he thinks a broad outside splint, extending from axilla to below the foot, should be used with Buck's apparatus. Such a splint he exhibited to the society. The peculiarity of this splint is that extension and counter-extension, if it is thought proper, can be substituted, during the early part of the treatment, for the weight.

4. *Fracture of Tibia and Fibula.*—Proposition: A Plaster of Paris bandage from the base of the toes to midway of thigh, applied accurately and smoothly, when it can be carefully watched, is the most suitable way of treating a fractured leg.

5. *Fracture of Fibula.*—Proposition: That fractures of external malleolus, or inferior extremity of the fibula, are often mistaken for sprains of ankle joint. There is no displacement, and rarely any crepitus, in this fracture. The distinguishing signs and mechanism of this fracture are fully pointed out in the paper. The author quotes from Maisonneuve's article in *Arch. Gen. de Med.*, Vol. VII., 3^eme Serie, and Nelaton's work on Surgery.

On motion, Dr. Whitehead was thanked for his interesting paper.

Dr. Buckingham said that many of the so-called im-

provements of the present day are but the introduction of the exploded doctrines and discarded practice of former years. One of the more recent introductions of discarded practice, viz., the weight and pulley in fractures, he could not endorse. He greatly preferred Desault's splint and the double inclined plane, more especially in the treatment of adults; always guarding with care the knee joint, using at frequent intervals passive motion of the joint. One important suggestion of the essayist he fully agreed with, that is, fixing the pelvis so that there may be as small a degree of motion as possible. In young subjects it has been his custom to mould and adjust as perfectly as possible over the glutei muscles, including the whole limb, a sole leather casing properly prepared, well padded with cotton batting and secured by straps encircling limb; making his extension by adhesive strips attached to the gastrocnemius muscles, and extended over the foot piece, which is part of the leather casing, and by this dressing securing the fractured parts as perfectly as by the best adjusted plaster bandage, and with far less discomfort to the patient. With this appliance three indications are fulfilled: 1st, immobility of pelvis; 2nd, perfect retention of the fractured parts; 3rd, sufficient counter extension and extension to prevent any shortening of the limb. The patient can move about the bed almost untrammelled, and in every instance perfect cures have been the result.

Dr. Bancroft said in treating fractures of clavicle, he has found the practice of pressing the entire arm backwards good treatment. It has been the practice to press the shoulder backwards, but in most fractures of clavicle, especially those near the sternal end, he had found it of special importance, in securing good results, to press the elbow backwards as well.

Dr. Steele agrees with Dr. Whitehead with reference to treatment of fracture of clavicle. Like the simple pulley in treatment of fracture of femur. He uses Plaster of

Paris bandage in fracture of lower leg. In fracture of skull with depression of inner tablet, without brain symptoms, he does not think it best to interfere.

In commending this plan of making definite propositions or rules as a basis for discussion, Dr. Denison said he would add another rule, which, though obeyed by most surgeons, is not enforced in the surgical works of the times. It is this. In the application of the plaster of Paris or starch bandage for fracture of the shafts of bones, the joint at both extremities should be fixed in the bandage. Evidently a disregard of this rule produced a crooked leg after fracture of both bones four inches above the ankle, in a patient of Dr. —, in Hartford, a few years ago. The doctor was sued for \$10,000 and got off for \$5.00 and costs. Evidence was produced in this trial that the limb was put up in a starch bandage which did not reach within three inches of the knee joint, and that the patient was in the habit of resting his foot in a chair, the knee not being supported. The bones sagged at the point of fracture, and the patient was ever after very bow-legged. Experts were summoned, for and against the defendant, from Hartford, Springfield, and the medical department of Yale College, and yet after a three days trial there was evidently no distinct idea in the minds of lawyers or jury as to why that leg was crooked.

The speaker wished to differ from the author of the paper in two particulars:

First he did not like the use of the adhesive plaster as recommended in treatment of fractures of clavicle. The force which they exert and purpose they are intended to fulfil are not constant, since they will loosen or give way under varying circumstances, as in summer time or with fleshy people. Second, he objected to the pally and weight as being of necessity a variable force, because the weight is a specified power opposed to the action of muscles, which are constantly changing. A weight of

fifteen or twenty pounds may be just sufficient at first, but when the opposing muscles have become relaxed, the weight may be twice as much as needed. What is needed as a "limited power," one which would require no more of muscles once relaxed, except to hold the fragment in correct apposition. The just sufficient power needed, the speaker believed, was produced in the most practical way by his extension windlass. This instrument is described in the *New York Medical Journal* for May 1875, and is manufactured by Codman and Shurtleff, Boston.

Dr. McClelland said the proposition of dressing a fracture of a shaft of the radius and ulna in the supine position he had never tried, nor did he feel willing to experiment in any case that may present itself to him for treatment. He had followed the half prone position with such uniform success for the last twenty-five years that he would be slow to resort to any other. He considers the supine to be an unnatural one for the limbs—one that would cause suffering to the patient, by the constant strain upon the muscles.

With regard to extension and counter-extension in fractures of the femur, Dr. Lemen said there were a half dozen ways by which it could be accomplished.

At the conclusion of the discussion—a most imperfect synopsis of which is here given—the physicians present were invited into the dining room of Dr. Whitehead, where an hour was delightfully spent in social intercourse and in partaking of what at first was supposed to be a feast, but which, by the multiplicity of courses, proved to be a banquet, which was generously supervised by the Doctor's "better half." Amid this "feast of reason and flow of soul" the following toast was given by one of the more hopeful guests: "Dr. Whitehead, may you maintain every cubit of your mental and physical stature for a hundred years!" Adjourned.

W. E. WILSON, M.D., Secretary.

RESOLUTIONS ON MEDICAL EDUCATION,

BY JERSEY COUNTY MEDICAL SOCIETY.

The following resolutions, presented by the Executive Committee, Dr. Geo. Sumrall, chairman, were passed by the Jersey County (Ills.) Medical Society, Dec. 5, 1876:

1. Members of this society shall not receive as a medical student any person who has not been examined by the Executive Committee, and furnished with a certificate that he is qualified to commence the study of medicine,

2. In pursuance of the above resolution the Executive Committee, when applied to for an examination, shall proceed to comply with the application without cost to the applicant; and shall examine thoroughly in spelling, reading in English, and in the elements of Latin, writing, arithmetic, natural philosophy, botany, history, chemistry, and parsing in English and Latin. * * * This society will try the above for a period, inviting co-operation of the faculty of America.

3. The members of this society will on *every* occasion, individually and as a society, use their utmost endeavors to influence students of medicine to patronize those medical colleges which demand as requisites for graduation the highest standards of proficiency regardless of locality. * *

While our sectional pride would lead us to encourage the cities of the West, when their standards were as high, our love for the first calling known among men constrains us to direct to Boston, New York, Philadelphia,

or New Orleans, when those cities honor more, by elevating its degrees, our loved profession.

By unanimous vote it was decided to present the above resolutions to some medical journal for publication.

J. S. WILLIAMS, M.D., President.

H. Z. GILL, M.D., Secretary.

ST. LOUIS MEDICAL SOCIETY.

ST. LOUIS, January 6, 1877.

The society met as usual, Dr. Prewitt, presiding. This being the annual meeting; the election of officers for the ensuing year, was announced by the Chair as the first order of business. Before proceeding to the election, Dr. Edgar asked the privilege of presenting to the society for their consideration, the form of a State Law the committee were about to submit to the legislature. The communication was received and laid over one week. When it was made the special order under the call for "extraordinary business."

Whereupon the election proceeded, which resulted in the choice of Dr. James M. Scott, President; Dr. C. E. Briggs, Vice President; Dr. F. W. Wessler, Corresponding Secretary; Dr. F. J. Lutz, Recording Secretary, and Dr. G. Hurt, Treasurer. Society adjourned.

Committees: Committee on Ethics, Drs. T. F. Prewitt, J. T. Hodgen and W. C. Glasgow. Committee on Elections, Drs. S. T. Newman, J. M. Youngblood and Adolphus Green. Committee on Publication, Drs. Ed. Montgomery, W. S. Edgar and G. Hurt. Executive Committee Drs. Thos. Kennard and John Bryson. Library Committee, Drs. A. J. Steel, D. V. Dean and William Porter.

January 13, 1877.

Society met at usual place and time, Dr. Prewitt, presiding, who, after calling the meeting to order and hearing read the minutes of the last meeting, delivered his valedictory short, pointed, doing credit both to his heart and head. The doctor now introduced his successor, Doctor Scott, who delivered his inaugural "words fitly spoken" to the edification of all present. If the society does not abound in good works this year, it will not be because it has not had "a good send off" and good officers to manage it. Under the head of Extraordinary Business the act "laid over one week," was called up, and after some discussion and slight verbal alterations, was unanimously passed section by section. If there were parties present who disapproved they failed to vote. The law as passed is as follows:

*An Act for the Better Regulation of the Practice of
Medicine and Surgery in the State of Missouri.*

SECTION 1. Be it enacted by the General Assembly, of the State of Missouri, that a board of medical examiners be constituted, composed of members residing in the State, who shall be graduates of some regular medical college, men distinguished for their acquirements and ability in the medical profession.

SEC. 2. Their term of office shall be five years; *Provided*, the first appointment shall be for one, two, three, four and five years—to be determined by lot. The term of one expiring every year, and a new appointment being made to fill the vacancy. The board shall consist of five members, three of whom shall constitute a quorum to transact business.

SEC. 3. The board shall hold two sessions in each year, one commencing on the first Tuesday of April, and the other on the first Thursday of October. They shall meet in session from day to day until all appli-

cants who present themselves shall have been examined.
Regular place of meeting: St. Louis.

Special meetings of the Board may be called by the President at such places and times as he may deem expedient.

SEC. 4. The examining board shall be appointed by the Supreme Court of the State. *

SEC. 5. Any person proposing to engage in the practice of medicine or surgery, or any branch thereof, in the State of Missouri, shall make written application to the Secretary of the Board, inclosing a fee of \$20 with his application, and ask examination at the convenience of the board.

SEC. 6. It shall be the duty of the board to examine carefully and faithfully each candidate for license, on anatomy, chemistry, physiology, surgery, materia medica, obstetrics, pathology, therapeutics, diagnosis, and the theory and practice of medicine; to grant license to such only as have sustained a satisfactory examination; all examinations shall be conducted in the presence of a quorum of the board. *Provided*, that any candidate, who at the time of his examination signifies his wish to be registered as a homœopathic or eclectic practitioner, shall not be required to pass an examination, in either therapeutics or in the theory and practice of physic.

SEC. 7. All persons who may engage in the practice of medicine or surgery, or any branch thereof, in violation of this act, shall not be entitled to collect any compensation. Any party charged with the violation of this act, may be arraigned before any court having competent jurisdiction, and on conviction be fined in any sum not less than fifty dollars, nor more than five hundred dollars, for each and every offense, one-half of which fine shall be paid to the informant, and the other half into the county treasury; and it shall be the duty of the judge of each judicial district at each term of the district court in the respective counties comprising his district to charge

the grand jury with the necessity of preserving this act inviolate, and to admonish them of their duty to find presentments against any and all persons guilty of its infraction.

SEC. 8. The board shall elect yearly one of their number to perform the duties of secretary and treasurer, whose duty it shall be to keep a faithful record of the proceedings of the board, and after paying the necessary expenses attending the sitting of the board, including cost of certificates, pay the balance, if any, into the State treasury.

SEC. 9. The certificate shall be drawn on parchment, and signed by the members of the board, the seal of the State being attached.

SEC. 10. Each member of the board shall receive when on duty ten dollars a day, which is to be paid by the treasurer of the board, from the fees received as required.

SEC. 11. That physicians and surgeons practicing in this State, at the time of the passage of this act, shall not be required to undergo an examination and procure a certificate as above provided.

Reviews and Bibliographical Notices.

CYCLOPEDIA OF THE PRACTICE OF MEDICINE. H. von Ziemssen. Vol. VI. Diseases of the Circulatory System, Whooping Cough, Diseases of the Lips and Cavity of the Mouth, and Diseases of the Soft Palate.

The first article is by Prof. Rosenstein, of Leyden University, on endocarditis and valvular disease. His introduction on the methods of examination and the

physical symptoms in disease of the heart is thorough and suggestive. He refers constantly to the sphygmograph, with which instrument, by the way, our American physicians are not as well acquainted as they should be. Schröetter is the author of the chapter on changes in the position of the heart and diseases of the heart substance. In this hypertrophy and dilatation receive close attention. In order to have a starting point for estimating the amount of change an elaborate table of the measurement and weight of different portions of the heart in health is given and great care taken in delineating the symptoms of both dilatation and hypertrophy. Lebert contributes over one hundred pages on congenital diseases of the heart, and Prof. Quinke, of Berne, writes on diseases of the arteries, veins and lymphatics. Much time and space would be required to notice the excellencies of this section. It is probably the most satisfactory treatise on the subject ever published. Bauer, of Munich, furnishes the chapter on pericarditis, and Steffen, of Stetten, has a short article on whooping cough. Vogel, of Dorpat, discusses diseases of the lips and cavity of the mouth, and the volume closes with the chapter on diseases of the soft palate, by Wagner. W. P.

CYCLOPEDIA OF THE PRACTICE OF MEDICINE. Vol. V.
Diseases of the Respiratory Organs.

The first section on croupous catarrhal and embolic pneumonia is by Prof. Juergensen, of Tübingen. It is comprehensive and sets forth his well-known views with force and at length. A compilation of two hundred cases of croupous pneumonia, treated according to principles described by the author, is given, showing the best results yet obtained from so large a number by any treatment. Believing that in this form of the disease a danger is insufficiency of the right ventricle, on account of the exudation in the lung and the increased labor on the

part of the heart induced by the fever, the author insists that the patient be supported, the heart encouraged and the temperature reduced. To effect the latter he advocates bathing, by which "that most dangerous enemy to the heart, the high temperature, may be safely and quickly lowered." In catarrhal pneumonia the air of the room is to be kept moist. The bronchial secretion diminished and deep respirations induced and the fever combated by the use of baths or cold packs. In prolonged cases nutrition demands special attention.

One of the most important sections of the Cyclopædia is the article by Prof. Hertz, in this volume, on anæmia, atrophy, hypertrophy, gangrene and parasites of the lung. It is concisely written and practical.

Prof. Ruehle contributes the article on pulmonary consumption, which is instructive, especially as regards the etiology and symptomatology. This number closes with an article on acute and chronic tuberculosis, by Prof. Rindfleisch.

W. P.

MODERN THERAPEUTICS. A Compilation of Recent Formulae, Approved Treatment, and Specific Methods in Medicine and Surgery. With an Appendix on Hypodermic Inhalation, Aeration, and other Remedial Agents and Therapeutic Methods of Recent Introduction. By George H. Napheys, A. M., M. D. Re-written and enlarged. 8vo, pp. 609. Philadelphia. D. G. Brinton, 115 S. 7th St. 1877.

This book of formulæ has its advantages and disadvantages. It tempts the practitioner when he has made his diagnosis, to adopt the prescriptions of others for a supposed like condition, when *no two cases are alike*, instead of originating a prescription for each case, he takes the easier way of selecting from those furnished here; granted, that in many cases he will make a better selection than he could have originated, still it encourages a backward movement toward empiricism, rather than forward to a more scientific practice; on the contrary, if the prac-

tioner only looks over the formulæ to see how new remedies are rendered most soluble and grateful to the stomach or as to the exact dose, it may be highly suggestive and valuable. It often happens that a familiar remedy slips our memory for the time being, and by looking over these pages it is encountered and we are surprised that it should have slipped our attention. The book like all others is not free from all fault, indeed, on the first page we meet with what we consider a grave error, although endorsed by so high an authority as Aitkin. We allude to prescribing a mercurial, calomel and jalap in a case of *apoplexy* where sensibility is impaired or lost. To "put the wolf in" (as Dr. Prince once remarked) "when you don't know how you are going to get him out is bad practice," which we can abundantly testify from the destructive pyralism we have seen to result. If under the circumstances we must give a purgative, select anything but a *mercurial*.

We are sometimes complained of for not giving more prescriptions or formulæ in the Journal. All who feel thus should by all means purchase this book, and they will find prescriptions until they are tired.

The book, used as intended by the author, will doubtless prove a positive help to the practitioner, and not harmful to his culture in scientific practice.

PRINCIPLES OF HUMAN PHYSIOLOGY. By William B. Carpenter, M. D., F.R. S., F. L. S. A new American, from the eighth revised and enlarged English edition. Edited by Henry Power, with notes and additions by Francis G. Smith. 8vo., pp. 1083. Philadelphia, Henry C. Lea, 1876.

This great work is so favorably known to the readers of this journal that it is scarcely necessary to do more than announce the new *American Edition*, and that the editors have faithfully reproduced the Eighth English

Edition with revisions and many additions; so it truly represents the existing state of physiological knowledge, including the important results of investigations through recent improvements in the construction of the microscope and improved methods of obtaining and preparing specimens.

The additional number of wood cuts and improvement in their character over former editions, are noticeable. If it had fallen behind, this edition brings it to the front again as one of the most reliable and complete *Text Books* on the subject to be obtained.

The publisher has performed his part in a manner that challenges criticism. E.

ON STETHOMETRY. Being an account of a new and more exact method of measuring and examining the Chest, with some of its results in Physiology and Practical Medicine. Also, An Appendix on the Chemical and Microscopical Examination of Respired Air. By Arthur Ransome, M. D., M. A. (Cantab.), Examiner in Anatomy and Physiology and Pharmacology in the University of Cambridge, (1868—1869); Lecturer on Public Health in the Owens College, Manchester. With illustrations. London: Macmillan and Co. Svo., pp. xii, 207.

Many of the instruments of determination and modes of observation which prove of great value in the domain of medical science, when used and cultivated by their zealous and persistent inventors and discoverers, will ever belong to those refinements in medicine which will seldom be employed by the less patient, though perhaps not less skillful, practicing physician, or even specialist. Undoubtedly, some of the instruments of mensuration, and modes of localization of phenomena described in this work belong to this class. Indeed, the author does not claim more for some of them than that they were devised to solve certain special problems that arose in the course of his inquiries. Others of them, he believes,

will be found useful in the every-day study of disease. The work purports to be written as much to stimulate further exact inquiry in stethometry, as for the value of the results he has obtained in physiology and practical medicine. No review that does not furnish a summary of this work will do it justice. We may be pardoned for designating the chapter on the respiratory movements, and especially the observations on the chord-lengths of the ribs, as being of much interest to us, as are also the tracings of regional movements of the thorax.

D. V. D.

THE THEORY AND PRACTICE OF MEDICINE. By Frederick T. Roberts, M. D., B. Sc., M. R. C. P. Second American, from the last London edition, Revised and enlarged. 8vo., pp. 920, Philadelphia: Lindsay and Blackstone. 1877.

As the study of specialties in medicine becomes more common, the works on general practice seem less perfect, for if these special departments are not omitted they are so briefly treated of necessity, that as works for reference they fail to meet the wants of the practitioner, who resorts to works on the various specialties for the information desired. This has finally prompted the compilation of Ziemssen's *Cyclopedia* as a system of medicine convenient for the practitioner to consult, but this work does not supply "text books" for students, hence the demand still for the *Practice of Medicine* as a "text book," and as 900 or 1000 pages is the limit for convenience, many subjects must be briefly treated, and the student left to prosecute his studies from works written upon the various specialties. Much of the present edition has been rewritten and some chapters added, which keeps the work well up with the advances recently made. We have pleasure in commending it to our readers as one of the best works on the *Practice of Medicine* we have. E.

A PRACTICAL TREATISE ON THE DISEASES, INJURIES AND MALFORMATIONS OF THE URINARY BLADDER, THE PROSTATE GLAND AND THE URETHRA. By Samuel D. Gross, M. D., L.L. D., D. C. L., Oxon., Professor of Surgery in the Jefferson Medical College of Philadelphia. Third edition, revised and Edited by Samuel Gross, A. M., M. D., Surgeon to the Philadelphia Hospital. Illustrated by 170 engravings. Philadelphia: Henry C. Lea. 1876. Svo., pp. xvi, 574.

It is unnecessary to say of this valuable work, more than that having been out of print for several years, this revision, by the distinguished author's son has been mostly re-written, and has been brought fully up to the existing state of our knowledge. The chapter on Tumors of the Bladder and of the Prostate Gland are entirely due to his pen. The work is produced in the usual good style of the publishers. D. V. D.

MATERIA, MEDICA AND THERAPEUTICS. A Practical Treatise by Robert Bartholow, M. A., M. D., Svo. pp. 537, New York, D. Appleton & Co., 1876. (For sale by Gray, Baker & Co.)

On receiving this book so soon after the excellent work of Dr. Wood's was issued, our first impression was that the market might prove unfavorable if the book proved to be a good one. We have kept it close at hand for several months, to try its merits as a work for reference by the practitioner, and have been much pleased with it as a practical work for reference.

The new features we notice, are the classification adopted. The chapter on Aliments and Restoratives.

The therapeutics being based *chiefly* on the physiological, but also recognizing the empirical facts.

The authors referred to, being placed at the close of the chapter instead of bottom of page.

The work is in three general divisions. First, The method of introducing medicines in the system.

Second, Treats of substances which promote constructive metamorphosis, also agents to increase the waste of the tissues; next in order the agents which act on and modify the nervous system. The third part is chiefly devoted to topical remedies.

The chapter on restorative agents—Aliments—is convenient for reference and adds to the work which, without this chapter, includes nearly all therapeutic agents in use by our best practitioners, hence quite satisfactory for reference.

Medical students will find this work particularly adapted to meet their wants, being the work of an experienced teacher of *Materia Medica* and *Therapeutics*. It is an undoubted acquisition to our literature on the subject. E.

VICK'S FLORAL GUIDE.

We find the first number for the new year before us, embellished with a beautiful chromo—bouquet of flowers—worth the price of a year's subscription—25 cents. The *Guide* is published quarterly. Those who desire a complete price list of all seeds pertaining to the garden and conservatory will find it in *Vick's Guide*. The cheapest and most reliable publication of the kind in the world.

Extracts from Current Medical Literature.

TREATMENT OF CROUP.

“I will mention those remedies which are most frequently used, and which generally prove successful, with a view to show the contrast of these diseases throughout, rather than to hope to benefit you by any new suggestions. The first effect which we most desire is free eme-

sis, which, if taken in time, gives instantaneous relief. Among the various remedies first and mildest is ipecacuanha, either alone in powder or combined with tartarized antimony. Mustard is very efficacious, the pulverized sinapis of the Pharmacopœia, in teaspoonful doses given in water. The various nauseating oils are resorted to with good effect. Last, and perhaps best of all, is powdered alum and syrup, equal quantities of each, given for effect, it may be in teaspoonful doses every five minutes, until free vomiting is produced. When the emetics do not prove satisfactory, cathartics and absorbents are resorted to. Calomel and soda are very beneficially combined together in small doses and frequently repeated. Local applications in croup are very efficacious. Perhaps after the first emetic the child should be put in a warm bath of 96° containing salt and mustard, and, after remaining about ten minutes, taken out, wiped dry, and wrapped up in warm blankets. The counter-irritating action of mustard, if taken early in an attack, acts almost like a charm in its prophylactic effect. Spiritus terebinthinæ is also well worth resorting to, both as an irritant and resolvent, in the rapidity with which it is absorbed into the system. Blisters are not necessary nor considered efficacious, as being too slow in their effects. After all the prompt appliances have produced as much irritation as is tolerable, an after-application of an unctuous nature, such as lard and snuff combined, should be worn over the breast for some time, as the disease frequently manifests a disposition to return about the same time for three or more successive days. The patient must be carefully guarded against any change of temperature or vicissitude that might provoke a return of the disease. After the choking paroxysm of the disease has passed away, the patient should take an expectorant to allay the remaining irritation and cough. Perhaps as good a combination as might be suggested for this pur-

pose would be a mixture containing equal parts of syrup of senega, squills, ipecacuanha, acacia, and paregoric. In a few days all the symptoms will disappear, and the patient will be well and hearty."—*Annales de Gynecologie*.

SIMPLE TREATMENT OF QUINSY.—Leslie Thain (*Cruadian Medical Journal*, 1876, p. 413) believes gargles of alum, tannic acid, and such similar astringents useless for the purpose of astringing the vessels sufficiently to "press back" the inflammation. His plan is to supply externally hot fomentations (with a few drops of turpentine) to the throat, and then to wrap up the whole neck in flannel. Constant heat, moisture, and mild counter-irritation are to be kept up by frequent changing of these applications. The feet must be at once put in a hot mustard bath, and if the patient will then get into bed between blankets, so much the better.

Gargles as hot as can be borne must be begun as soon as possible, and the most useful is a solution of carbolic acid, one part to forty of water. If the patient cannot gargle, carbolic acid in glycerin (one to twenty or thirty) should be frequently applied by means of a feather to the parts. A brisk saline aperient may be advisable. By following this plan of treatment the inflammation subsides in a few hours, never running on to suppuration, and then a simple alum gargle may be serviceable. —*Medical Times*.

RETURN OF THE SECRETION OF MILK.—It is well known to foreigners resident in China, that the Chinese women who have borne children are able to excite anew the secretion of milk years after the last child had been weaned. Dr. Muller reports two cases of this curious phenomena that were observed by him. A woman aged 30 years, whose breasts were completely retracted, and had

been enactive for six years, took a child six months old, which she placed frequently to her breast, confining herself at the same time to a special diet. Ten days later the milk began to be secreted, and after six weeks Dr. Muller found the breasts firm and well developed, and pressure caused a stream of milk to flow out. The menses ceased while this lactation continued. The general health was very good. By similar means the secretion of milk was re-established in a woman forty years of age, whose youngest child was nine years old, and had not been nursed for six years. In this case menstruation did not stop, but it became less abundant. In a third case the attempt to re-establish the secretion of milk excited such disturbances of the general health, that it had to be discontinued. In the two first cases the milk was carefully examined and found to be normal; its specific gravity was 1030.—*N. Y. Medical Record*.

CONTAGIOUSNESS OF DIPHTHERIA.—A whole family, consisting of father and mother and two children, were attacked with the disease, and carried off in a short time. The attending physician, Dr. Regnault, died in twenty-four hours. Dr. Biset, who attended Dr. Regnault, was then attacked, and expired after a very brief illness. Further, almost every servant connected with the family is also dead of the disease.—*Medical Times*.

EXTRAORDINARY CASE OF PERSISTENCE OF IMAGES IN THE HUMAN EYE.—Dr. Paolo Gorini (*La France Med.*, 1876, p. 735) tells the following incident which occurred to himself. One night, having fallen asleep while reading a book, he presently awakened, when on looking at the wall opposite his bed, which was illuminated by a lamp near him, he observed it covered with printed characters of large size forming words regularly disposed and separated by lines like those in the book which he had been reading. Not only could he see the text, but he

could distinguish the annotations in smaller characters. The whole appearance was vague and distinct, but there could be no doubt that the image seen on the wall was that of the pages which he had been reading when he fell asleep.

This strange apparition lasted some twenty seconds, and in this space of time was produced each time at which after closing he again opened his eyes. The incident is interesting as a case of persistent image in the retina. The assertion made a few years ago will be remembered, namely, that the object last appearing before the eyes of a person suddenly dying would leave its image on the retina, and the delusive hope was entertained that photographs of the retina might prove of use in medico-legal cases.

TREATMENT OF NEUROSES OF THE HEAD.—At the seance of the *Academie de Medecine*, at Paris, on October 21st Prof. Bitot, of Bordeaux, read a memoir on the efficacy of light cauterizations of the pharyngeal mucous membrane in the treatment of certain neuroses of the head with coincident amnesia, and on the probable role of the superior cervical ganglion in these cases. The following are his conclusions:

1. The head is the seat of certain nervous troubles, the precise location of which is not yet settled.

2. The cranial portion of the great sympathetic must have some influence in the production of these disturbances.

3. It is rational in that case to assume that the superior cervical ganglion, which constitutes the principal centre of the sympathetic system in the head, is the point of origin of the nervous disturbance.

4. The anatomical-physiological importance of this ganglion, which is veritably the brain of the vegetative life of the head, must be borne in mind by the observer, whenever a neurosis of this region comes into question.

5. The observer must particularly bear in mind that this neuropathic condition will be rebellious to the ordinary methods of treatment.

6. The ganglion with the pharyngeal mucous membrane make the latter the point of election for the application of certain irritants that will act on the ganglion and its most distant branches.

7. The painting of this mucosa with the tincture of iodine has furnished remarkable results when the disturbances were essentially nervous. On the other hand it had proved useless in the disturbance consecutive to apoplexy.

8. In many cases complicated with amnesia, the memory has been regained under this treatment.—*Gazette Medical de Paris*, November 4, 1876.

DANGERS OF PESSARIES.—From time to time cases are recorded in which pessaries worn for a long period have given rise to various dangers. Not long ago we chronicled some cases related at the Obstetrical Society. Since then, some serious operations have been performed in consequence of these instruments being worn. We might give a list of cases of fistula and abscess that have resulted. We will confine our record to-day to a case related by M. Notta, of Liseux, in the *Journ. de. Med. et Chir.* for December, 1876. In this a portion of the pessary broke off and worked its way into the bladder, and set up vesico-vaginal fistula, for which operation was performed. We fear the injuries often entailed by pessaries are not fully appreciated by those who most employ them. The family doctors of the country could supply many facts that would astonish obstetric physicians.

TRACHEOTOMY.—Sign. Dr. E. F. Fabbri has contrived a pair of forceps for steadying the trachea while opening it, and from the use of which he thinks we may derive advantage. In a case he relates in the *Bull. delle Sci-*

enze Mediche, having worked his way down to the trachea with great care, tearing rather than cutting, he found the movement so great as to need some restraint to prevent danger. By holding the trachea in a pair of forceps it was not only kept steady during the incision, but rendered prominent, and it was kept in such a position that the posterior wall is not likely to be wounded. Perhaps this, too, may tend to prevent blood entering the trachea.—*The Doctor*.

Supplement to Book Notices.

A TREATISE ON THE THEORY AND PRACTICE OF MEDICINE. By John Syer Bristow, M. D., Lond., F. R. C. P., Physician to St. Thomas' Hospital, Joint-Lecturer on Medicine at the School, and Examiner in Medicine to the Royal College of Surgeons; Former Examiner in Medicine to the University of London, and Lecturer on General Pathology and on Physiology at St. Thomas' Hospital. Edition with notes by Jonas H. Hutchinson, M. D., one of the attending Physicians to the Pennsylvania Hospital; Physician to the Children's Hospital, Philadelphia, etc. Philadelphia: Henry C. Lea. 1876. 8vo., pp. xxxii 1121.

Teachers are necessarily learners first. Their modes of learning are as various as they themselves are numerous, and their number is legion. Moreover, the chief part of the real learning of things so as to present them connectedly and formally to others, comes with teaching; and by whatever ways, peculiarities, or devices, mnemonic or other, their knowledge is acquired, so they can look back into their own minds upon it, or can fix it upon paper, by these ways are they compelled to instruct others, whose difficulties, they very naturally, and per-

haps often rightfully, think, are the ones the instructors themselves have to overcome in their studies or, if one pleases, in their preparation. The world is filled with text-books, many of which were thus written for self-acquirement, and for self-help in the lecture, or class room, and were afterward published, not for anything new, which they contain, in the discovery of truth, or the establishment of facts, but simply, and at the best, for the *method*, or for the presentation of a hobby or a list of propagandism, or from a feeling of pity that such acquirements should die out of the world with their possessors, or for reasons of a similar dignity.

One can hardly take up this new book without a more worthy feeling of pity that one so able to do the work should impose upon himself the labor, in these times of creating knowledge, of presenting for candidacy, merely from the stand-point of the teacher, another work on Practical Medicine—representative of its present condition though it be—"to the junior members of the profession and students in Medicine." Yet we feel perfectly safe in saying that the ones for whom it was written will derive far more practical knowledge from a thorough study of eleven hundred and twenty-one pages of this book, than from a casual casting about in a whole library of modern treatises on the Theory and Practice of Medicine.

The American edition is well presented, and the editor's notes are of value to the American student and physician.

D. V. D.

CYCLOPEDIA OF THE PRACTICE OF MEDICINE. Edited by H. von Ziemssen. Vol. V. Diseases of the Respiratory Organs. New York: Wm. Wood & Co. Svo., pp. 712. 27 Great Jones street.

CYCLOPEDIA OF THE PRACTICE OF MEDICINE. Edited by Dr. H. von Ziemssen. Vol. VII. Diseases of the

Chylopætic System. With Chapters on Diseases of the Naso Pharyngeal Cavity and Pharynx, Laryngitis, Phlegmonosa, Etc. Written by Prof. H. von Ziemssen and Five Other Distinguished Authors. Translated by Edward W. Schauffler, M.D., and Five Others. American Editor: Albert H. Buck, M.D. New York: Wm. Wood & Co., 27 Great Jones street. 1876. Brown, Holdaway & Co., No. 521 Olive street, St. Louis, Agents.

OPHTHALMIC AND OTIC MEMORANDA. By D. B. St. John Roosa, M.D., and Edward Y. Ely, M.D. New York: Wm. Wood & Co. 1876.

This neat little pocket companion, by the distinguished authors, is intended to meet the wants of medical students and young practitioners. Being a dictionary of recently-coined terms in ophthalmology and otology, also suggestive of modern practice in many cases of disease of these organs, while the authors do not intend that it shall be relied upon for a system of practice, physicians of many years' practice who have not made these specialties particular subjects of study, will find the book very convenient in defining terms introduced since the time of their pupilage. This book is only to be known to be desired; it can truly be said of it, *multum in parvo*. We repeat, every medical student will find it a good investment. One feature of the book does not meet our admiration, although it may contribute to conciseness; we refer to the exclusion of the *article* as a rule; what is gained in space being often at the expense of enphony, if not emphasis. We believe it the first book we have met with excluding the article. Of course it was done to save space and make the book as small as possible. We should much prefer the addition of two or three pages.

E.

Editorial.

Our readers will observe in the proceedings of the St. Louis Medical Society—this number—that at the meeting of said society on the 6th of January the committee appointed by the State Medical Association submitted to that body the form of a State law, which they had drawn up to be presented to the Legislature. The society received the communication and made it the special order of business under the head of “extraordinary business” at their next meeting, to be held on the 13th of January; when the subject was taken up, and after a number of unimportant verbal alterations, was passed by a unanimous vote (see proceedings of St. Louis Medical Society of January 13th). This scheme for creating a State board of examiners has now received the support of the State Medical Association, the St. Louis Medical Society and also of a large number of the most influential members of the profession in the State.

The fact that Texas has passed a similar law, thus forcing the incompetent from her borders, upon other Western States, makes it all the more imperative for Missouri to have the law.

NEW MEDICAL JOURNALS.

The American Medical Bi-Weekly, E. S. Gaillard, M.D., Editor and Proprietor. Terms: \$3.00 Annually; Postage Ten Cents Annually, Payable at the Journal Office.

We have the first number of the *Bi Weekly* before us; neat, roomy, comely in form, and good in substance. For one brain to edit two medical journals, lecture in two medical colleges, do a large general practice, and make war on the medical schools of the country, must make business lively, if gains are not great these times.

Toledo Medical and Surgical Journal, Edited by Jona-

than Priest, M.D. Published Monthly. Terms: \$1.50 Per Annum, in Advance.

This first number contains thirty-two well-filled pages. If there are too many journals or doctors, we say: "Let the fittest survive."

We are in receipt of the third number of the *Oregon Medical Journal*, a quarterly published at Salem by the Marion County Medical Society; edited by Drs. Hall, Sharples and Rowland. A good beginning for the new State.

CHANGE OF PRINTERS.

The change in the type of this issue of the JOURNAL results from our necessity to change printers. The failure of the former company to comply with their contract, "to issue the JOURNAL on the first of the month," has caused the change. Detaining the issue of the December number to the last of that month, detains the January number, after which we hope to be prompt. The type of the present number being *lighter leaded*, gives the same number of lines to the page, although it has a larger face; we trust it will prove even more acceptable to our readers than that formerly used.

BOOKS FOR REVIEW.

Our failure to notice *promptly* new books sent us the past few months, is regretted, and we hope to prevent the occurrence in future. Our effort to give as much as possible of the proceedings of the International Congress, set back other departments.

SALICYLIC ACID IN RHEUMATISM.

In answer to numerous inquiries on this subject, we may say that our Dr. Dean has prescribed it in the City Hospital freely in *Inflammatory* Rheumatism with decidedly good effect, better than any remedy used heretofore. But that in *Chronic* Rheumatism with but *slight if any effect*.

Meteorological Observations.

By A. WISLIZENUS, M.D.

The following observations of daily temperature in St. Louis are made with a MAXIMUM and MINIMUM thermometer (of Green, N. Y.). The daily minimum occurs generally in the night, the maximum at 3 P. M. The monthly mean of the daily minima and maxima added and divided by 2, gives quite a reliable mean of the monthly temperature.

THERMOMETER FAHRENHEIT—DECEMBER, 1876.

Day of Month.	Minimum.	Maximum.	Day of Month.	Minimum.	Maximum.
1	5.0	22.0	18	2.5	21.5
2	6.5	24.0	19	15.0	35.0
3	11.5	27.5	20	22.0	35.0
4	22.5	34.5	21	21.5	37.9
5	21.0	40.0	22	22.0	32.0
6	28.5	46.5	23	12.5	24.0
7	17.5	43.0	24	13.0	22.0
8	10.0	37.0	25	15.0	22.0
9	3.0	7.5	26	16.0	20.0
10	12.0	35.0	27	15.0	21.5
11	25.5	53.0	28	19.0	25.0
12	33.0	55.5	29	14.5	19.5
13	39.5	46.5	30	2.0	18.5
14	31.0	42.0	31	14.5	31.0
15	12.5	41.5			
16	7.0	17.5	Means	16.0	31.0
17	13.0	27.0	Monthly Mean	23.5	

Quantity of snow: 0.14 inches.

Mortality Report.--City of St. Louis.

From December 2nd, 1876, to December 30th, 1875, inclusive.

Cholera Morbus.....	1	Marasmus.....	7	Bronchitis.....	2	Debility (Senile).....	8
Diarrhoea.....	2	" (Senile).....	2	Cong. of Lung.....	10	General Debility.....	5
Erysipelas.....	1	Phthisis Pulmonalis.....	65	Hæmorrhage.....	1	Concuss. of Brain.....	2
Croup.....	5	Tub. Bronchitis.....	1	Oedema Lungs.....	7	Fall in vault.....	1
Diphtheria.....	28	" Laryngitis.....	1	Pneumonia.....	59	Exposure.....	1
Tonsillitis.....	3	" Meningitis.....	1	Gastritis.....	3	Crushed.....	1
Fever, Cerebro-Spinal.....	2	Atrophy—spinal.....	2	Pleuritis Pleuræ.....	4	Strangulation.....	1
" Intermittent.....	1	Apoplexy—cerebral.....	1	Cirrhosis of Liver.....	2	Inj. to Leg.....	1
" Remittent.....	1	Convulsions Infæ.....	11	Cong. of Liver.....	1		
" Typhoid.....	1	" Meningitis.....	8	Hepatitis.....	6	Total Deaths.....	394
" Typho Mal.....	2	Paralysis.....	3	Cong. of Bowels.....	1	Under five years.....	139
Septicæmia.....	1	Softening of Brain.....	2	Albuminuria.....	2		
Whooping Cough.....	1	Tetanus Idiopathic.....	2	Diabetes Mellitus.....	1	Still Births.....	31
Intemperance.....	2	" Traumatic.....	1	Uterine Tumor.....	1	Premature Birth.....	4
Inanition.....	2	Trismus Nascent.....	4	Abdominal Tumor.....	1		
Anæmia.....	1	Dropsy, abdominal.....	8	Rachitis.....	1		
Anasarca.....	1	" renal.....	1	Atelectasis Pulmo.....	2		
Cancer Breast.....	1	Dropsy.....	2	Congenital deform.....	1		
" Face.....	1	Pericarditis.....	1	" debility.....	3		
" Ear.....	1	Valv. Dis. of Heart.....	3	Hæmorrhoids.....	1		
Scrofula.....	2	Asthma.....	6	" bowels.....	1		

JAS. O'GALLAGHER, Clerk Board of Health.

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		Grains.			Grains.
ACID ARSEN. CL.	1-20	1-50	MORPH. SULPHAT.	1-10	1-50
ACID. TANNIC.	2	5	Opil.	1	1
ALOES (U. S. P.)	Pulv. Aloes Soc.	2	NEURALGIC.	Opil.	1
	Pulv. Sapon.	2		Opil.	1
	Pulv. Aloes Soc.	1		Ext. Avonit.	1
ALOES et FERRI	Pulv. Zingib. Jan.	1		Opil.	1
	Fer. Sulph. Basic.	1		Opil.	1
	Ext. Conif.	1		Opil.	1
ALOES et	Pulv. Aloes Soc.	1		Opil.	1
MYRRH.	Pulv. Myrrh.	1		Opil.	1
(U. S. P.)	Cruci. Stigmat.	1		Opil.	1
AMMONIA BROMID.	3	10		Opil.	1
AMMONIA MURIAT.	3	10		Opil.	1
ANTI-BILIOUS	Ext. Coloc. Col.	2 1/2		Opil.	1
(Vegetable).	Opodoph. Ilin.	1		Opil.	1
	Pulv. Lactac.	1		Opil.	1
ANTI-	Mass. Hy. Surg.	1		Opil.	1
DYSPEPTIC.	Ext. Coloc. Col.	2		Opil.	1
	Ext. Nux. vom.	1		Opil.	1
	Ext. Coloc. Col.	2		Opil.	1
APERIENT.	Pulv. Rhen.	1		Opil.	1
	Pulv. Rhen.	1		Opil.	1
BISMUTH SUB-NIT.	5	10		Opil.	1
BISM. SUB-NIT.	Bismuth sub-Nit.	2 1/2		Opil.	1
et PEPSIN	Pepsin.	2 1/2		Opil.	1
CALOMEL.	1	3		Opil.	1
CATHART. OMP. (U. S. P.)	1	3		Opil.	1
CATHART. IMPROVED.	Ext. Coloc. Simp.	1 1/2		Opil.	1
	Opodoph. Ilin.	1		Opil.	1
	Pulv. R. S. Cam.	1		Opil.	1
CATHARTIC	Pulv. Aloes Soc.	1		Opil.	1
(Vegetable).	Pulv. Carbanomol.	1		Opil.	1
	Pulv. Sapon.	1		Opil.	1
CERUI OXALAT	2	5		Opil.	1
	Alum.	1		Opil.	1
COOK'S.	Alum.	1		Opil.	1
	Rhei.	1		Opil.	1
	Sapo.	1		Opil.	1
COLY-INTH. COMP. (U. S. P.)	1	3		Opil.	1
DARTER'S POWDER	1	3		Opil.	1
	Ext. Coloc. Opi.	1		Opil.	1
FERRI M. T. (Quinine)	1	3		Opil.	1
FERRI CARB. PR. T.	1	3		Opil.	1
FERRI CARB.	Ferr. Car. (Violet)	1		Opil.	1
	Quinine et. Quinine Sulph.	1		Opil.	1
STRYCHNINE	strychnine	1		Opil.	1
FERRI LA TAI	1	3		Opil.	1
FERRI PYROPHOSPH.	1	3		Opil.	1
FERRI et QUINLE CITRAT.	2	5		Opil.	1
FERRI	Ferr. Met.	1		Opil.	1
QUINLE SULPH.	Quinine Sulph.	1		Opil.	1
et BISMUTH	Bismuth sub-Nit.	1		Opil.	1
et PEPSIN.	Pepsin Porel.	1		Opil.	1
FERRI et	Ferr. Met.	1		Opil.	1
QUINLE SULPH.	Quinine Sulph.	1		Opil.	1
et BISMUTH et	Bismuth sub-Nit.	1		Opil.	1
PEPSIN et	Pepsin Porel.	1		Opil.	1
STRYCHNINE.	strychnine	1		Opil.	1
HOOPER'S.	1	3		Opil.	1
HYDRARG. (U. S. P.)	1	3		Opil.	1
IOD. FERRI.	1	3		Opil.	1
IOD. FORM et	1	3		Opil.	1
FERRI.	1	3		Opil.	1
LADY	1	3		Opil.	1
WEBSTER'S	1	3		Opil.	1
(3 grs.)	1	3		Opil.	1
LEPTANDRIN.	1	3		Opil.	1

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The Collegiate Year in this Institution embraces a preliminary Autumnal Term, the Regular Winter Session, and a Spring Session.

The Preliminary Autumnal Term for 1876-'77 will open on Wednesday, September 12, 1876, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures on special subjects and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students expecting to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.

The Regular Session will commence on Wednesday, September 27, 1876, and end about the 1st of March, 1877.

FACULTY.

ISAAC E. TAYLOR, M. D.,
Emeritus Professor of Obstetrics and Diseases of Women, and President of the Faculty.
JAMES R. WOOD, M. D., LL. D., FORDYCE BARKER, M. D.,
Emeritus Prof. of Surgery. Professor of Clinical Midwifery and Diseases of Women.

<p>AUSTIN FLINT, M. D., Professor of the Principles and Practice of Medicine and Clinical Medicine.</p> <p>W. H. VAN BUREN, M. D., Professor of Principles and Practice of Surgery, Diseases of Genito-Urinary System, and Clinical Surgery.</p> <p>LEWIS A. SAYRE, M. D., Professor of Orthopedic Surgery, Fractures and Dislocations, and Clinical Surgery.</p> <p>ALEXANDER B. MOTT, M. D., Professor of Clinical and Operative Surgery.</p> <p>W. T. LUSH, M. D., Professor of Obstetrics and Diseases of Women and Children, and Clinical Midwifery.</p> <p>EDMUND R. PEASLEE, M. D., LL. D., Professor of Gynecology.</p>	<p>WILLIAM P. POLK, M. D., Professor of Materia Medica and Therapeutics, and Clinical Medicine.</p> <p>AUSTIN FLINT, JR., M. D., Professor of Physiology and Physiological Anatomy, and Secretary of the Faculty.</p> <p>ALPHEUS B. CROSBY, M. D., Professor of General, Descriptive and Surgical Anatomy.</p> <p>R. OGDEN DOREMUS, M. D., LL. D., Professor of Chemistry and Toxicology.</p> <p>EDWARD G. JANEWAY, M. D., Professor of Pathological Anatomy and Histology, Diseases of the Nervous System, and Clinical Medicine.</p>
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PROFESSORS OF SPECIAL DEPARTMENTS, Etc.

<p>HENRY D. NOYES, M. D., Professor of Ophthalmology and Otolaryngology.</p> <p>JOHN P. GRAY, M. D., LL. D., Professor of Psychological Medicine and Medical Jurisprudence.</p> <p>EDWARD L. KEYES, M. D., Professor of Dermatology, and Adjunct to the Chair of Principles of Surgery.</p>	<p>EDWARD G. JANEWAY, M. D., Professor of Practical Anatomy. (Demonstrator of Anatomy.)</p> <p>LEROY MILTON YALE, M. D., Lecturer Adjunct upon Orthopedic Surgery.</p> <p>A. A. SMITH, M. D., Lecturer Adjunct upon Clinical Medicine.</p>
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A distinctive feature of the method of instruction in this College is the union of clinical and didactic teaching. All the lectures are given within the Hospital grounds. During the Regular Winter Session, in addition to four didactic lectures on every weekday except Saturday, two or three hours are daily allotted to clinical instruction.

The Spring Session consists chiefly of Recitations from Text-books. This term continues from the first of March to the first of June. During this Session, daily recitations in all the departments are held by a corps of examiners appointed by the regular Faculty. Regular clinics are also given in the Hospital and College Building.

FEES FOR THE REGULAR SESSION.

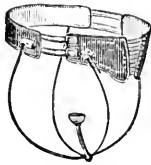
Fees for Tickets to all the Lectures during the Preliminary and Regular Term, including Clinical Lectures.....	\$140.00
Matriculation Fee.....	5.00
Demonstrator's Ticket (including material for dissection).....	10.00
Graduation Fee.....	30.00

FEES FOR THE SPRING SESSION.

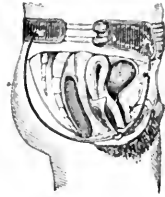
Matriculation (Ticket good for the following Winter).....	\$ 5.00
Recitations, Clinics and Lectures.....	35.00
Dissection (Ticket good for the following Winter).....	10.00

Students who have attended two full Winter Courses of lectures may be examined at the end of their second course upon Materia Medica, Physiology, Anatomy and Chemistry, and if successful, they will be examined at the end of their third course upon Practice of Medicine, Surgery, and Obstetrics only.

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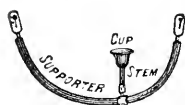
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THE IMPROVED **TROMMER'S EXTRACT OF MALT.**

This extract is from the best Canada Barley Malt, by an improved process which prevents injury to its properties by excess of heat. It is less than half as expensive as the foreign extract; it is also more palatable, convenient of administration, and will not ferment.

Attention is invited to the following analysis of this Extract, as given by S. H. Douglas, Prof. of Chemistry, University of Michigan, Ann Arbor.

TROMMER EXTRACT OF MALT Co. :—I enclose herewith my analysis of your extract of Malt:

Malt Sugar (Glucose), 4.61; Dextrine, Hop-bitter, Extractive Matter, 3.6; Albuminous Matter (Diastase), 2.169; Ash—Phosphates, 1.712; Alkalies, 0.377; Water, 25.7; Total, 99.958.

In comparing the above analysis with that of the Extract of Malt of the German Pharmacopæia, as given by Hager, that has been so generally received by the profession, I find it to substantially agree with that article. Yours truly, **STLAS H. DOUGLAS**,
Professor of Analytical and Applied Chemistry.

This invaluable preparation is highly recommended by the medical profession, as a most effective therapeutic agent for the restoration of delicate and exhausted constitutions. It is very nutritious, being rich in both muscle and fat producing materials.

By many American physicians, and among others, by such foreign authorities (German, French and English), as Niemeyer, Trommsdorff and Aitken, the Malt Extract is extolled in the treatment of impaired, difficult and "irritable" digestion, loss of appetite, sick headache, chronic diarrhoea, cough, bronchitis, asthma, consumption, the debility of female, and of the aged, in retarded convalescence from exhausting diseases, and indeed most all depressing maladies, in which it has been found very sustaining and strengthening, and admirably adapted for building up and invigorating the system. It is often well borne by the stomach when every kind of food is rejected, thus actually sustaining life.

The presence of a large proportion of **DIASTASE** renders it most effective in those forms of disease originating in imperfect digestion of the starchy elements of food.

A single dose of the Improved Trommer's Extract of Malt contains a larger quantity of the active properties of malt, than a pint of the best ale or porter; and not having undergone fermentation, is absolutely free from alcohol and carbonic acid.

The dose for adults is from a dessert to a tablespoonful three times daily. It is best taken after meals, pure, or in water, wine, or any kind of spirituous liquor. Each bottle contains **ONE AND ONE HALF POUNDS** of the Extract. Price \$1.00.

In addition to the Extract of Malt with Hops, the attention of physicians is invited to the following combinations:

Improved Trommer's Extract of Malt—"FERRATED."—Each dose contains four grains of the Pyrophosphate of Iron. Particularly adapted to cases of Anæmia. Price \$1.00.

Improved Trommer's Extract of Malt—"with CITRATE OF IRON AND QUINIA."—Appropriate where Iron and Quinine are jointly indicated. Very beneficial in the anæmic state following autumnal fever, in chlorosis, enlarged spleen, carbuncles, boils, etc. It is a pleasant tonic, the bitter taste being very effectually disguised. Each dose contains four grains of the Citrate of Iron and Quinia. Price \$1.50.

Improved Trommer's Extract of Malt—"with HYPOPHOSPHITES."—Far superior to any of the "Syrups" of Hypophosphites, and invaluable in anæmia, scrofulous, tuberculous and other cachectic conditions. In the various affections to which scrofulous children are liable, as marasmus, rachitis, caries of the spine, etc., it is very efficacious. This combination is in certain cases, even more efficient in exhaustion from undue lactation, than the Extract of Malt with Hops. Price \$1.50.

Improved Trommer's Extract of Malt—"with THE IODIDES OF IRON AND MANGANESE."—The experience of the late Sir J. Y. Simpson, and others in the use of this combination of salts, has been fully confirmed by more recent experience. Particularly recommended in anæmia dependent upon scrofula, phthisis, cancers, the syphilitic cachexy, enlarged spleen, and in chlorosis where Iron alone has failed. Each dose contains one grain each of the Iodides of Iron and Manganese. Price \$1.50.

Improved Trommer's Extract of Malt—"with ALTERATIVES."—Each dose contains the proper proportions of the Iodide of Calcium and Iron, and of the Chlorides and Bromides of Magnesium, Sodium and Potassium. This combination of the most potent alteratives with tonics and restoratives, has been successfully employed in the different forms of disease dependent upon the "modified scrofulous diathesis" as general perverted glandular action, disease of the bones and cartilages, catarrhal affections of the eye, ear, and nasopharyngeal mucous surfaces, eczematous and other cutaneous eruptions, in rheumatic arthritis, scrofulous rheumatism, etc. Price \$1.00.

Prepared by **Trommer Extract of Malt Co.**,

FREMONT, OHIO.

For Sale by Wholesale Druggists throughout the United States and Canadas.

PURE COD-LIVER OIL,

Manufactured on the Sea-Shore by Hazard & Caswell, from Fresh and Selected Livers.

The universal demand for Cod-Liver Oil that can be depended on as so truly pure and scientifically prepared, having been long felt by the Medical Profession, we were induced to undertake its manufacture at the Fishing Stations, where the fish are brought to land every few hours, and the Livers consequently are in great perfection.

This Oil is manufactured by us on the

retained on the stomach when the other kinds fail, and patients soon become fond of it. The secret of making good Cod Liver Oil lies in the proper application of the proper degree of heat; too much or too little will seriously injure the quality. Great attention to cleanliness is absolutely necessary to produce sweet Cod-Liver Oil. The rancid Oil found in the market is the mark of manufacturers who are careless about these matters.

Prof. PAYKE, of New York, says: "I have tried a most every other manufacturer's Oil, and give yours the preference."

Prof. HAYS, State Assayer of Massachusetts, after a full analysis of it, says: "It is best for foreign or domestic use."

After years of experimenting, the Medical Profession of Europe and America, who have studied the effects of different Cod Liver Oils, have unanimously decided the light straw-colored Cod Liver Oil to be far superior to any of the brown Oils.

The Three Best Tonics of the Pharmacopœia: IRON, PHOSPHORUS, CALISAYA.
CASWELL, HAZARD & CO. also call the attention of the Profession to their preparation of the above estimable tonics, as combined in their elegant and palatable **Ferro-Phosphorated Elixir of Calisaya Bark**, a combination of the Pyrophosphate of Iron and Calisaya never before mentioned, in which the nauseous inkiness of the Iron and astringency of the Calisaya are overcome, without any injury to their active tonic principles, and blended into a beautiful amber-colored Cordial, delicious to the taste and acceptable to the most delicate stomach. This preparation is made directly from the **ROYAL CALISAYA BARK**, not from **ITS ALKALOIDS OR THEIR SALTS**—being, unlike other preparations called "Elixir of Calisaya Bark and Iron," which are simply Elixir of Quinine and Iron. Our Elixir can be depended upon as being a true Elixir of Calisaya Bark with Iron. Each dessert spoonful contains one grain and a half grains of Royal Calisaya Bark and two grains Pyrophosphate of Iron.
Ferro-Phosphorated Elixir of Calisaya Bark with Strychnia. This preparation contains one grain of Strychnia added to each pint of our Ferro-Phosphorated Elixir of Calisaya Bark, greatly intensifying its tonic effect.

Ferro-Phosphorated Elixir of Calisaya with Bismuth, containing eight grains Ammonia Citrate of Bismuth in each tablespoonful of the Ferro-Phosphorated Elixir of Calisaya Bark.

Elixir Phosphate Iron, Quinia and Strychnia. Each teaspoonful contains one grain Phosphate Iron, one grain Phosphate Quinine, and one sixteenth of a grain of Strychnia.

Ferro-Phosphorated Elixir of Gentian, containing one ounce of Gentian, and one hundred and twenty-eight grains Pyrophosphate of Iron to the pint, making in each dessert spoonful seven and one-half grains Gentian to two grains Pyrophosphate Iron.

Elixir Valerianate of Ammonia. Each teaspoonful contains two grains Valerianate Ammonia.

Elixir Valerianate of Ammonia and Quinine. Each teaspoonful contains two grains Valerianate Ammonia and one grain of Quinine.

Ferro-Phosphorated Wine of Wild Cherry Bark. Each fluid-drachm contains twenty-five grains of the Bark, and two grains of Ferri-Pyrophosphate.

Wine of Pepsin. This article is prepared by us from fresh Rennets and pure Sherry Wine.

Elixir Taraxacum Comp. Each dessert spoonful contains fifteen grains of Taraxacum.

Elixir Pepsin, Bismuth and Strychnine. Each fluid drachm contains one sixteenth of a grain of Strychnine.

Juniper Tar Soap. Highly recommended by the celebrated Erasmus Wilson, and has been found very serviceable in chronic eczema and diseases of the skin generally. It is invaluable for chapped hands and roughness of the skin caused by change of temperature. It is manufactured by ourselves, from the purest materials, and is extensively and successfully prescribed by the most eminent Physicians.

Iodo-Ferrated Cod-Liver Oil. This combination holds sixteen grains Iodide of Iron to the ounce of our pure Cod-Liver Oil.

Cod-Liver Oil, with Iodine, Phosphorus and Bromine. This combination represents Phosphorus, Bromine, Iodine and Cod Liver Oil, in a state of permanent combination, containing in each Pint: Iodine, eight grains; Bromine, one grain; Phosphorus, one grain; Cod-Liver Oil, one pint.

Cod-Liver Oil, with Phosphate of Lime. This is an agreeable emulsion, holding three grains Phosphate of Lime in each tablespoonful.

Cod-Liver Oil, with Lacto-Phosphate of Lime.

CASWELL, HAZARD & CO.,

DRUGGISTS AND CHEMISTS, NEW YORK.

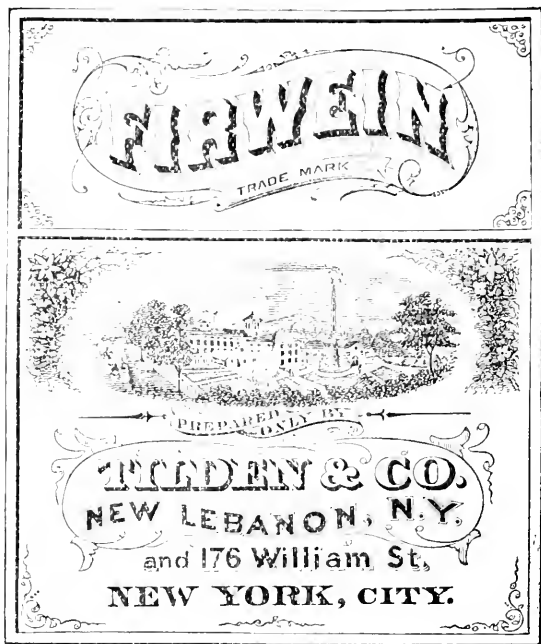
New Remedy

FOR

Bronchitis, Catarrh, Asthma, Consumption,

AND ALL DISEASES OF

Each fluid dram contains Phosphorus, one one-hundredth of a grain ;



Iodine, one-sixth of a grain ; Bromine, one-sixth of a grain.

THE THROAT AND LUNGS.

Ulceration and Catarrh of the Bladder, Chronic Diarrhœa, and Affections of the Mucous Membrane.

The value of the plants of the orders of Balsamaceæ, Cerifera, Leguminosæ, Pinaceæ, Styraceæ, has long been understood by the Profession, as well as recognized in domestic use as possessing great medical virtues. Each order yields a principle peculiar to itself, an oleo-resin or balsam, associated with an acid also peculiar to itself, with more or less of volatile oils.

In Chronic Bronchitis, Phthisis Pulmonalis, and Consumption, their use has been attended with the best results, allaying the cough, and preventing a waste of tissue. Associated with Phosphorus, Bromine, and Iodine, these elements have a wide range of adaptability. Long experience has demonstrated that these elements have a peculiar affinity for mucous membranes, causing the morbid secretion to be replaced by a more natural one.

This preparation which we have called "Firwein," combines all that is valuable in the plants referred to, all that is found in the usual preparations of tar, and is entirely devoid of the nauseating taste and unpleasant odor which makes them repulsive and often quite impracticable, even when their virtues are imperatively demanded.

The beneficial effects derived from the use of this remedy depend upon the association of these elements, in which state they appear to produce results which cannot be obtained by the elements disunited.

FIRWEIN IN BRONCHITIS.

Letter from Dr. D. A. STEWART, City Physician, Winona, Minn., Dec. 13, 1876.

"I received the "Firwein" and have prescribed it with positive satisfaction both to my patients and to myself. In the case I referred to you of our Chief of Police, who had been suffering all summer with Bronchial Affections, it met the requirement of the case promptly, and decidedly, and I take pleasure in prescribing a remedy so meritorious as I believe the Firwein to be, wishing it the success it deserves."

SUB-ACUTE AND CHRONIC BRONCHITIS.

Extract from letter of EDWARD A. TODD, M. D., Bennett Medical College, Chicago, Ill.

"I take pleasure in informing you that during the early part of last winter I had occasion to make trial of your new remedy "Firwein" in several cases of Sub-acute and Chronic Bronchitis, both uncomplicated and connected with Asthma and Emphysema, and the majority were entirely cured by its use. I take great pleasure in recommending it to the profession."

BRONCHIAL CATARRH.

Extract from letter of JAS. H. ETHERIDGE, M. D., Associate Editor Chicago Medical Journal and Examiner, Prof. Materia Medica and Medical Jurisprudence, Rush Medical College, Chicago, Ill.

"I have made an impartial trial of "Firwein" in a case of bronchial catarrh, of about seven month's standing, in a female patient *et.* 27 years, single, poorly nourished. The expectoration was profuse in the course of the twenty-four hours, notably the most so mornings upon rising. No other lung lesion existed than that above indicated. No other remedial measure was instituted than Firwein. I used two bottles of it. The first was followed by no particular change, unless I except a lessened viscosity of the expectoration. While she was taking the second bottle, rapid amelioration took place till every symptom vanished, and health was restored."

CATARRH, BRONCHITIS, AND TUBERCULOSIS.

Extract from letter of S. F. MAYHAM, M. D., Fond du Lac, Wis.

"For nearly one year I have been prescribing your medicinal preparation "Firwein" for Catarrh, Bronchitis, Tuberculosis, and in short, in nearly all sub-acute and chronic diseases of the lungs and air passages. I have abstained from saying anything about the remedy, until I had had sufficient experience with it to justify my recommending it to my professional brethren."

"That time has now arrived. I have given it a thorough trial, and am frank to say that, in my judgment, it is the most valuable remedy for the treatment of the diseases above indicated, that has ever been offered to the profession. It acts as a direct tonic by increasing the appetite, and improving the powers of digestion and assimilation. It acts as an alterative and a stimulant to the mucous surfaces of the lungs and air passages, by causing a change in the character of sputa, and by lessening the vascularity of the mucous surfaces, thereby promoting resolution."

"Mrs. J.—aged about 26, contracted bronchitis March, 1875. About the first of April, 1876, I was called to see her. Found her entirely bed-ridden. Pulse 120, respiration 30 per minute, countenance pinched and anxious, with that characteristic glassy brilliancy of the eyes, which points too plainly to the last stages of consumption. Cough very harrassing, more so during the night than during the day. Expectoration copious and purulent, streaked more or less with blood. No appetite, night sweats with edema of the lower extremities. Not a very encouraging train of symptoms I assure you. Diagnosis, tuberculosis of the bronchial glands which had existed prior to the date of this illness."

"Prescribed "Firwein" in 3j. dose four times a day with Tr. Ferri mur in doses of 20 drops in water after each meal. Improvement commenced in a very few days, and since the first of June the patient has never coughed, having been, since that date, in perfect health."

"Case 2. Mrs. G., aged 33, a confirmed epileptic, on the 10th of July, 1876, I was summoned to see her. Found her suffering severe pain in the right side of the chest; pulse 130, respirations 30, temperature 102. Up to this time there had been no cough. Auscultation disclosed that the lower and more than half of the middle lobe of the right lung were consolidated. July 11th—Evidences of a large abscess unmistakable. July 12th—Abscess burst into some of the large bronchi and evacuated by expectoration more than a quart of fetid, unhealthy pus, which had evidently been manufactured from gangrenous tissue. At this juncture a violent and harassing cough commenced, which prevented sleep at night, with copious expectoration. She had several attacks of profuse expectoration, when it was evident a new abscess had opened. On the 12th I prescribed Firwein and Cod Liver Oil teaspoonful of each four times a day, and no other medication except 1-6 grain morphine at bedtime to insure rest. On the 18th had severe hemorrhage from the lungs which thoroughly prostrated her. Continued the Firwein and Oil and prescribed Fl. Ext. Ergot (Tilden's Formula, 1874,) 30 drops every 3 hours, which I followed for three or four days. Hemorrhage not returning, discontinued the Ergot. Followed the other prescription till the 15th of September, when the patient was discharged cured. There is still a little dullness in the base of the lung, but no cough and no expectoration. In every other regard health more perfect than it has been for years."

CHRONIC BRONCHITIS AND PHTHISIS PULMONALIS.

Extract from letter of BARNES BROTHERS, Physicians and Surgeons, Fairbury, Ill., Aug, 10th, 1876.

"We are using "Firwein" in chronic Bronchitis and Phthisis with the most marked results. One case of chronic Bronchitis of 15 years standing, with night sweats and great emaciation, is rapidly recovering. We combine it with Oleum Morrhue."

INCIPIENT PHTHISIS.

Extract from letter of J. G. BARNEY, M. D., Brockport, N. Y., Aug. 20, 1876.

"Having a case of Incipient Phthisis in practice which resisted ordinary treatment, I resolved to try your "Firwein," and am pleased to say that the cough, chills and night sweats have ceased, and the patient is well. I am also using it in cases of Chronic Bronchitis, and the results are all that could be desired. Dr. Chamberlain is using it in his practice, and is well pleased with its effect."

DIABETES MELLITUS.

Journal Materia Medica, Dec., 1875.

Dr. BATES says:—I am also using the Firwein in a very obstinate case of Diabetes Mellitus, under its influence both the quantity of urine and saccharine element have greatly diminished, the former by nearly one-third, and the latter nearly fifty per cent. My patient has, up to date, been taking the medicine only about one month, I am confident a cure will be effected. I hope to report the result in due time, in several cases.

January 15, 1876. The case of Diabetes referred to, has progressed favorably, the quantity of urine, to a normal state, the saccharine element almost entirely disappeared. Patient so far recovered that I have dismissed her with injunction to continue the remedy.

June 1st, 1876. One month since my patient ceased taking the Firwein, having so far recovered that the medicine was considered unnecessary. She has completely regained her former strength, and appearance of perfect health. She indulges her appetite to its full extent, scarcely excepting a single article of diet. She has increased in weight from about 95 lbs. to which in the progress of the disease she had been reduced, to a weight of 175 lbs. I regard her case entirely cured. She had consulted several physicians of eminence and they gave her no encouragement; but thought that in a very short time it would prove fatal.

Several other cases have come under our observation which have been greatly relieved. One case of a gentleman, a banker, residing in Indiana, we desire to mention particularly, as we were supplied with the urine weekly, and tested the same by FENLING's test, and the gradual and decided change in the percentage of sugar, decreasing from *eleven per cent. plus to less than four per cent.*

Having reason to believe that this gentleman's system was affected with scrofula, we suggested the use of the Elixir Iodo-Bromide Calcium Comp., as an alternative, and with decided improvement, as will be observed from the following note received May 24, '76.

"I have taken the 'Elixir Iodo' once or twice daily, 'Firwein' three or four times a day, and have to say that I must certainly be improving, my strength is better, my appetite is now good, and the distressing symptoms of thirst very much abated, and the quantity of urine is lessened."

I had the pleasure of an interview with this gentleman in July, and learned that the distressing thirst which had so long afflicted him had nearly abated. In a letter afterwards he remarks: "I am feeling quite well, and ascribe it generally to the remedies you have recommended to me, and am greatly encouraged."

These results are submitted that the profession can make a trial of the remedy.

He writes Sept. 17th, 1876.—Since I wrote you last, I have been improving in health, and now, thanks to you. I ascribe my improvement to the persistent use of "Firwein" and "Elixir Iodo-Bromide of Calcium Compound." I think I can safely say that the quantity of urine discharged, is almost, or quite down to normal amount for men of my age, and the desire for water or liquids is very greatly relieved. I am feeling so well that I intend making a trip to the mountains in Colorado, on a hunting expedition this fall.

This case now shows only an appreciable quantity of sugar.

LARYNGITIS STRIDULUS, WITH LOSS OF VOICE.

By S. R. NISSLEY, M. D., Pemberton, Ohio. The patient, Mr. F., aged 23, who had been subject to attacks of Laryngitis for the last six years—on the least exposure "he takes cold;" and concomitant therewith, complete loss of voice. These attacks generally last about ten days, before he can get any relief from remedial treatment. I prescribed for him the new compound, for *pulmonary affections*, "Firwein," a teaspoonful every three hours, and, much to my surprise and gratification, in the course of twenty-four hours I found that the inflammation had subsided, the voice had regained its normal resonance, and he expressed himself as being not only relieved, but cured. He wished to know what kind of a preparation I gave him, it was so pleasant to the taste and acted like a magical charm.

I have tried it in several cases of *bronchitis and incipient pulmonary consumption* with the best results. I regard it as an expectorant, diaphoretic and tonic. Its specific influence on the lungs is marked, by increasing the expectoration and lessening the frequency and severity of the cough. It is certainly another valuable addition to our therapeutical list.

FOR SALE BY ALL DRUGGISTS.

TO THE MEDICAL PROFESSION.

A NEW AND IMPORTANT REMEDY.

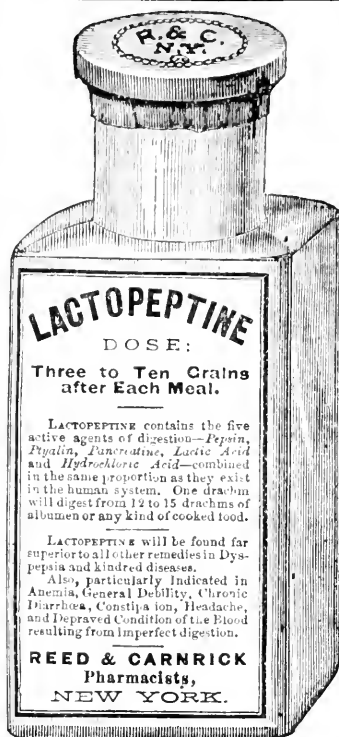
LACTOPEPTINE.

LACTOPEPTINE contains all the agents of digestion that act upon food, from mastication to its conversion into chyle, and is therefore the most important remedy for Dyspepsia that has ever been produced.

The digestive power of LACTOPEPTINE is seven times greater than any preparation of Pepsin in the market, as it has the important advantage of dissolving all aliment used by mankind, while Pepsin acts only upon plastic food.

This preparation has now been in the hands of the Medical Profession for two years, during which time its therapeutic value has been most thoroughly established in cases of Dyspepsia, Intestinal diseases of Children, Chronic Diarrhea, Constipation, Vomiting from Imperfect nutrition.

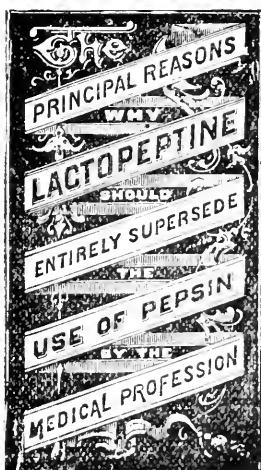
One of the most important applications of LACTOPEPTINE is in those cases where the digestive organs are unable, from debility, to properly prepare for assimilation the remedies indicated. In such cases combine it with the remedy indicated.



FORMULA OF LACTOPEPTINE.

Sugar of Milk,	20 Ounces.	Eg. Pygalin or Diastase,	1 Drachm.
Pepsin,	4 "	Lactic Acid,	24 fl. Drachms.
Pancreatine,	3 "	Hydrochloric Acid,	24 fl. "
Porter and Mtr.			

LACTOPEPTINE, as well as all other preparations of our manufacture, is prepared strictly for the use of the Medical Profession, and is kept inviolably in their hands.



- 1st.—It will digest from three to four times more *coagulated albumen* than any preparation of Pepsin in the market.
- 2d.—It will emulsify and prepare for assimilation the oily and fatty portions of food, Pepsin having no action upon this important alimentary article.
- 3d.—It will change the *starchy* portions of vegetable food into the assimilable form of Glucose.
- 4th.—It contains the natural acids secreted by the stomach (*Lactic and Hydrochloric*), without which Pepsin and Pancreatine will not change the character of coagulated albumen.
- 5th.—Experiments will readily show that the digestive power of the ingredients of Lactopeptine, when two or more are combined, is much greater than when separated. Thus, 4 grs. of Pepsin and 4 grs. of Pancreatine mixed, will dissolve one-third more albumen than the combined digestive power of each agent separately in same length of time.
- 6th.—It is MUCH LESS EXPENSIVE TO PRESCRIBE. It dissolves nearly four times as much coagulated albumen as Pepsin, besides digesting all other food taken by the human stomach. An ounce of Lactopeptine is, therefore fully equal in digestive power to seven ounces of Pepsin, yet it is furnished at about the same price.

All the statements made in this Circular are the result of repeated and careful experiments.

The palatability and digestive power of LACTOPEPTINE has been more than doubled during the past two months, by producing several of its component parts free from all extraneous matter, and we now believe it is not susceptible of any further improvement.

Physicians who have not given LACTOPEPTINE a trial in their practice, are respectfully requested to read the following opinions of some of our leading Practitioners as to its merits as an important remedial agent.

IN ADDITION TO THE FOLLOWING RECOMMENDATIONS, WE HAVE RECEIVED OVER SEVEN HUNDRED COMMENDATORY LETTERS FROM PHYSICIANS, A LARGE NUMBER OF WHICH ENUNCIATE CASES WHERE PEPsin ALONE HAD FAILED TO BENEFIT, BUT FINALLY HAD BEEN TREATED SUCCESSFULLY WITH LACTOPEPTINE.

—00—

The undersigned, having tested REED & CARRICK's preparation of Pepsin, Pancreatine, Diastase, Lactic Acid and Hydrochloric Acid, made according to published formulae, and called *Lactopeptine*, find that in those diseases of the stomach where the above remedies are indicated, it has proven itself a desirable, useful and well adapted addition to the usual pharmaceutical preparations, and therefore recommend it to the profession.

NEW YORK, April 6th, 1875.

J. R. LEAMING, M. D.,

Attending Physician at St. Luke's Hospital.

ALFRED L. LOOMIS, M. D.,

Professor of Pathology and Practice of Medicine, University of the City of New York.

JOSEPH KAMMERER, M. D.,

Clinical Professor of Diseases of Women and Children, University of the City of New York.

LEWIS A. SAYRE, M. D.,

Professor of Orthopedic Surgery and Clinical Surgery, Bellevue Hospital Medical College.

EDWARD G. JANEWAY, M. D.

Professor Pathological and Practical Anatomy, and Lecturer on Materia Medica and Therapeutics and Clinical Medicine.

SAMUEL R. PERCY, M. D.,

Professor Materia Medica, New York Medical College.

J. H. TYNDALL, M. D.,

Physician at St. Francis' Hospital.

JOSEPH E. WINTERS, M. D.,

House Physician Bellevue Hospital

GEO. F. BATES, M. D.,

House Surgeon Bellevue Hospital.

—00—

INEBRIATE ASYLUM, NEW YORK, March 25th, 1875.

I have carefully watched the effects of *LACTOPEPTINE*, as exhibited in this institution, for about six months, especially in the treatment of Gastritis, and it gives me pleasure to be able to say that I have found the best results from it, supplying as it does an abnormal void of nature in the secretions of the stomach. N. KEELER MORTON, M. D.

—00—

BRANDON, VT., March 31st, 1875.

I desire to say that I have used *LACTOPEPTINE* for a year, not only on my friends, but also in my own case, and have found it one of the most valuable aids to digestion that I have ever used.

A. T. WOODWARD, M. D.,

Late Professor of Obstetrics and Diseases of Women and Children Vermont Med. College.

—00—

EXTRACT FROM A REPORT UPON THE USES OF LACTOPEPTINE,
BY J. KING MERRITT, M. D., FLUSHING, L. I.

About six months since I saw a notice of *LACTOPEPTINE* and its analysis in a Medical Journal, and having long ago recognized the inability of Pepsin to reach those cases in which the several processes of digestion are all more or less involved, I immediately commenced the use of *LACTOPEPTINE* in my own case. This was, in brief, an inherited, fostered, persistent condition of General Dyspepsia, which I had treated for several years with Pepsin, finding in its use good service, although the general results were discouraging.

A large proportion of diseases are the result of imperfect digestion.

In all cases when the stomach is unable to digest and appropriate the remedies indicated, they should be combined with
Lactopeptine.

The effect of *LACTOPEPTINE* on my powers of digestion has far surpassed my expectations, and its remedial qualities in numerous cases, more or less complicated, have been all that I could desire. In these cases *LACTOPEPTINE* was associated with other remedies indicated, for the purpose of facilitating their assimilation, which is so often nullified by a disordered and debilitated condition of the digestive organs.*

I will now give, in brief, an epitome of a case recovering under the use of *LACTOPEPTINE*. She was a married lady, who five years ago became afflicted with diarrhoea, which had baffled every mode of intelligent treatment. She had an intestinal flux, body much emaciated, and her entire health was greatly impaired. I treated her with *LACTOPEPTINE*, in conjunction with other remedies, many of which had been formerly used without avail. She is now rapidly recovering.

I shall only add that the more my experience, in its varied applicability, extends, the more its beneficial effects appear.

—oo—

NEWTON, IOWA, May 10th, 1875.

I have been using *LACTOPEPTINE* for several months, and after a careful trial in stomach and bowel troubles, find that it has no equal. In all cases of indigestion and lack of assimilation, it is a most splendid remedy.

H. E. HUNTER, M. D.

—oo—

WEST NEWFIELD, ME., June 14th, 1875.

LACTOPEPTINE seems to be all that it is recommended to be. It excels all remedies that I have tried in aiding a debilitated stomach to perform its functions.

STEPHEN ADAMS, M. D.

—oo—

WOLCOTT, WAYNE CO., N. Y., June 29th, 1875.

From the experience I have had with *LACTOPEPTINE*, I am of the opinion that you have produced a remedy which is capable of fulfilling an important indication in a greater variety of diseases than any medicine I have met with in a practice of over 45 years.

JAMES M. WILSON, M. D.

—oo—

BROWNVILLE, N. Y., August 3d, 1875.

Some time since I received a small package of *LACTOPEPTINE*, which I have used in a case of long standing Dyspepsia. The subject is a man 40 years of age; has had this ailment over 10 years. I never had so bad a case before, and I have been practicing medicine 21 years. Your *LACTOPEPTINE* seems just the remedy he needs. He is improving finely, and can now eat nearly any kind of food without distress. I have several cases I shall take hold of as soon as I can obtain the medicine.

W. W. GOODWIN, M. D.

—oo—

EDDYVILLE, WAPELLO CO., IOWA, May 5th, 1875.

I have used the *LACTOPEPTINE* in my practice for the last eighteen months, and find it to be one of our great remedies in all diseases of the stomach and bowels. I was called last fall to see a child three years old, that was almost in the last struggles of death with Cholera Infantum. I ordered it teaspoonful doses of Syrup of Lactopeptine, and in a few days the child was well. I could not practice without it.

F. C. CORNELL, M. D.

—oo—

CORTLAND, DE KALB CO., ILL., August 12th, 1875.

I received recently a small package of *LACTOPEPTINE* with the request that I should try it in a severe case of Dyspepsia. I selected a case of a lady who has been a sufferer over 30 years. She reported relief after the first dose, and now, after using the balance of the package in doses of three grains, three times daily, says she has received more benefit from it than from any other remedy she had ever tried.

G. W. LEWIS, M. D.

* We desire particularly to call the attention of the Profession to the great value of *LACTOPEPTINE* when used in conjunction with other remedies, especially in those cases in which the digestive organs are unable, from debility, to properly prepare for assimilation the remedies indicated.

One drachm of Lactopeptine will digest ten ounces of Coagulated Albumen, while the same quantity of any standard preparation of Pepsin in the market will dissolve but three ounces.

One drachm of Lactopeptine dissolved in four fluid drachms of water will emulsionize sixteen ounces of Cod Liver Oil.

CHILLICOTHE, Mo., September 4th, 1874.

I have used **LACTOPEPTINE** this summer with good effect in all cases of weak and imperfect digestion, especially in children during the period of dentition, cholera infantum, &c. I regard it, decidedly, as being the best combination containing Pepsin that I have ever used.

J. A. MUNK, M. D.

—oo—

FORT DODGE, IOWA, November 15th, 1874.

I have fairly tried, during the past summer and fall, your **LACTOPEPTINE**, and consider it a most useful addition to the list of practical remedies. I have found it especially valuable in the *gastro-intestinal* diseases of children.

W. L. NICHOLSON, M. D.

—oo—

WHITE HALL, VA. January 4th, 1875.

A short time since I sent for some of your **LACTOPEPTINE**, which I used in the case of a lady who had been suffering with dyspepsia for over twelve months, and who had taken Pepsin, and other remedies usually prescribed in that disease, with very little benefit. I ordered the **LACTOPEPTINE**, and was pleased to find a decided improvement after a few days, which has steadily increased. At the present time she appears to have entirely recovered.

Very truly,

E. B. SMOKE, M. D.

—oo—

INDIANOLA, IOWA, December 11th, 1874.

I consider the **LACTOPEPTINE** a heaven-sent remedy for all digestive troubles. I gave it to a lady troubled with exhaustive nausea and vomiting from pregnancy, with immediate and perfect relief, after all other remedies had failed. She was almost in *articulo mortis*. The third day after taking the **LACTOPEPTINE** she was able to be up. I was called in council the other day to a case of Intussusception; the patient was vomiting stercoraceous matter; had retained no nutrition for several days. I gave the **LACTOPEPTINE** with immediate relief. Ingestion was retained. I relieved the bowels by inflation, got an operation, and the patient will recover. I consider the **LACTOPEPTINE** was his *sheet anchor*. I am now using the **LACTOPEPTINE** in Cancer of the Stomach—the only medicine that gives the patient any relief. It seems to act as an anodyne in his case more so than morphine.

C. W. DAVIS, M. D.

—oo—

CONTOCOOK, N. H., November 25th, 1874.

After a thorough trial, I believe **LACTOPEPTINE** to be one of the most important of the new remedies that have been brought to the attention of physicians during the last ten years. I have used it in several cases of vomiting of food from dyspepsia, and in the vomiting from pregnancy, with the best of success. The relief has been immediate in every instance. In some of the worst cases of Cardialgia, heretofore resisting all other treatment, **LACTOPEPTINE** invariably gave immediate relief. It has accomplished more, in my hands, than any other remedy of its class I ever met with, and I believe no physician can safely be without it. It takes the place of Pepsin, is more certain in its results, and is received by patients of all ages without complaint, being a most pleasant remedy. I have used **LACTOPEPTINE** in my own case, having been troubled with feelings of weight in the stomach and distress after eating, but always have obtained immediate relief upon taking the elixir in teaspoonful doses.

GEO. C. BLAISDELL, M. D.

—oo—

MO. VALLEY, IOWA, November 12th, 1874

Some months since I saw in a medical journal a notice of your **LACTOPEPTINE**. Having in charge a patient in whose case I thought it was indicated, I prescribed it in 5 gr. doses. He used it about a week and was greatly benefited. I failed to procure more just then, so I gave him Pepsin instead, the patient thinking it to be the same prescription. After two days he returned to my office saying that "the last medicine didn't hit the spot, but that which you gave me last week was just the thing, and has given me more relief than any medicine I have ever taken." I consider this a fair test (so far as it goes) of the merits of this new, and I think, invaluable remedy.

G. W. COIT, M. D.

One drachm of Lactopeptine will transform four ounces of Starch into Glucose.

Pancreatine and Diastase are more important digestive agents than Pepsin.

COMMUNICATIONS FROM MEDICAL JOURNALS.

We have for several months been prescribing various preparations of medicine containing **LACTOPEPTINE** as an important aid to digestion. It may be advantageously combined with cod liver oil, calisaya, iron, bismuth, quinine and strychnia. **LACTOPEPTINE** is composed of pepsin, ptyalin, pancreatine, lactic acid and hydrochloric acid—pepsin, lactic and hydrochloric acids being in the gastric juice, ptyalin in the saliva, and pancreatine emulsifying fatty substances. The theory of its action being rational, we have prescribed the various preparations referred to above with more evidence of benefit than we ever observed from pepsin.—*St. Louis Medical and Surgical Journal*, September, 1874.

—oo—
AN ARTICLE ON LACTOPEPTINE, BY LAURENCE ALEXANDER, M. D., OF YORKVILLE, S. C., IN THE ATLANTA MEDICAL AND SURGICAL JOURNAL, NOVEMBER, 1874.

Some time ago a small box, labelled "Physicians' Samples **LACTOPEPTINE**" was placed in my hands, with the request that I would give it a trial upon some one suffering from dyspepsia. Having, like other physicians, a large *per centum* of just such cases always on hand, in which various medicines and remedies had been used without success, I gladly consented, hoping that something had really been found at last to supply the want felt by every practitioner in the treatment of this troublesome complaint. After several months' experience in the use of this preparation, in which it has been thoroughly tested upon a large number of patients with such gratifying results, I am induced to recommend it to the consideration of the profession, feeling confident that, with due care in their diagnosis, and the many little cautions always necessary, such as restricting the excessive use of fluids while eating, etc., and a little patience on the part of the sufferer, its good effects will be seen beyond a doubt.

While I employ it extensively in many deranged conditions of the bowels incident to infancy and childhood, I find it equally efficacious in constipation and all diseases arising from imperfect nutrition in the adult. In sickness of pregnancy it answers well, far exceeding, in my hands, oxalate of cerium, extract lupulin, or the drop doses of carbolic acid, so highly extolled by some practitioners. In its combination with iron, quinine and strychnia, we have the advantage of using, in cases of great nervous depression and debility peculiar to the dyspeptic, our most valuable agent in a truly elegant form.

TO TEST THE DIGESTIVE POWER OF LACTOPEPTINE IN COMPARISON WITH ANY PREPARATION OF PEPSIN IN THE MARKET.

To five fluid ounces of water add one drachm of Lactopeptine, half drachm of Hydrochloric Acid, 10 ounces Coagulated Albumen, allowing it to remain from two to six hours at a temperature of 105 deg., agitating it occasionally.

Lactopeptine is prepared in the form of Powder, Sugar Coated Pills Elixir, Syrup, Wine and Troaches.

LACTOPEPTINE is also combined with the following preparations :

EMULSION OF COD LIVER OIL WITH LACTOPEPTINE.

This combination will be found superior to all other forms of Cod Liver Oil in affections of the Lungs and other wasting diseases. Used in Coughs, Colds, Consumption, Rickets, Constipation, Skin Diseases and Loss of Appetite.

The Oil in this preparation being partly digested before taken, will usually agree with the most debilitated stomach. Although we manufacture seven other preparations of Cod Liver Oil, we would recommend the above as being superior to either of them. It is very pleasant to administer, compared with the plain Oil, and will be readily taken by children.

—oo— EMULSION OF COD LIVER OIL WITH LACTOPEPTINE AND LIME.

Each ounce of the Emulsion contains 16 grs. Lactopeptine and 16 grs. Phosphate Lime.

—oo— ELIXIR LACTOPEPTINE.

The above preparation is admirably adapted in those cases where Physicians desire to prescribe Lactopeptine in its most elegant form.

REED & CARRICK manufacture a full line of Fluid Extracts.

BEEF, IRON AND WINE WITH LACTOPEPTINE.

In those debilitated dyspeptic cases when an Iron Tonic, combined with the strengthening properties of Extract of Beef and Wine are indicated, this preparation will be found most efficacious.

—00—

ELIXIR PHOSPHATE OF IRON, QUININE AND STRYCHNIA WITH LACTOPEPTINE.

There can be no combination more suitable than the above in cases of Nervous and General Debility, attended with Dyspepsia.

—00—

ELIXIR LACTOPEPTINE, STRYCHNIA AND BISMUTH.

A valuable combination in cases of Dyspepsia attended with Nervous Debility.

—00—

ELIXIR GENTIAN AND CHLORIDE OF IRON WITH LACTOPEPTINE.

An elegant and reliable remedy in cases of Dyspepsia attended with General Debility.

—00—

SYRUP LACTOPEPTINE COMP.

Each ounce contains 24 grains Lactopeptine, 8 grains Phosphate of Iron, 8 grains Phosphate Lime, 8 grains Phosphate Soda, and 8 grains Phosphate Potash.

This preparation will be found well suited to cases of General Debility arising from impaired digestion, and also of great value in Pulmonary Affections.

—00—

FORMULÆ.

The following valuable formulæ have been contributed by J. KING MERRITT, M.D., who has used them with great success in his practice :

NO. 1.—FOR INTERMITTENT FEVER WITH CONGESTION OF LIVER.

R	Liquid Lactopeptine,	dr. vi.
	Fl. Ex. Cinchona Comp,	dr. i.
	Fl. Ex. Taraxacum,	—
	Tinct. Zingiber,	aa dr. iii.
	Hydrochloric Acid Dilut.,	dr. i.
	Spts. Lavender Comp.,	dr. ii.
	Sulphate Quinia,	grs. xl.

M. Dose.—One teaspoonful every two or three hours.

Sig.—Quinine mixture or tonic mixture.

REMARKS.

This mixture should be taken every two hours in the case of a quotidian attack, as soon after the subsidence of the paroxysms as the stomach will accept it, or even during the sweating stage, if the stomach is not especially irritable, and should be continued until the hour of anticipated paroxysms at the same rate, except during the night, from 10 P. M. to 4 A. M., as a general rule. Six to eight doses to be taken during the first interval, and if the attack does not recur, then continue the mixture daily for one week, at a rate diminished by one hour each day.

NO. 2.—FOR INTERMITTENT FEVER WITH IRRITABLE STOMACH.

R	Liquid Lactopeptine,	dr. vi.
	Fl. Ex. Cinchona Comp,	dr. i.
	Tinct. Zingiber,	dr. iii.
	Spts. Lavender Comp,	dr. v.
	Aromatic Sulphuric Acid,	dr. i.
	Essence Menth. Pip. or Gantheria,	gtts. x.
	Sulphate Quinia,	grs. xl.

M. Dose.—One teaspoonful with water *ad libitum* every two or three hours, as in Formula No. 1, and in accordance with the type of the attack. Begin at the rate indicated;

All our goods are of guaranteed strength and uniformity.

that is, if "Tertian," every three hours, and then after first interval, if the paroxysm does not recur, continue mixture at a diminished rate each succeeding day, as indicated in remarks appended to Formula No. 1, to wit: by increasing the period of time between each dose of medicine an hour every day until a week has passed, when the frequency of a dose will be reduced to three times a day, at which rate it should be continued until complete restoration of appetite and strength.

NO. 3.—FOR MALARIAL DYSPEPSIA.

R	Liquid Lactopeptine,	dr. fl. vi.
	Fl. Ex. Cinchona Com.,	—
	Tinc. Nux. Vomica,	aa dr. xi.
	Spts. Lavender Comp.,	oz. ss.
	Hydrocyanic Acid Dilut.,	dr. ss.
	Syr. Aromatic Rhubarb,	oz. ss.
	Sulphate Quinine,	dr. ss.

M. Dose.—One tablespoonful with water *ad libitum* at meals (before or after), and at bed time if required; also, use in addition after the meals full doses of Pulv. Lactopeptine with Spts. Lavender Comp. and Lime Water, in case the patient should suffer from positive signs of indigestion, although the dose of Formula No. 3 has already been taken at the meal time, either immediately before or after eating, in accordance with the rule or foregoing instruction.

NO. 4.—FOR CHRONIC DIARRHŒA.

R	Liquid Lactopeptine,	dr. vi.
	Liq. Opii. Comp. (Squibbs'),	dr. iii.
	Nitric Acid Dilute; or, Aqua Regia Dilut.,	dr. i.
	Syr. Aromatic Rhubarb,	dr. ii.
	Pulv. Nit. Bismuth,	dr. ss.
	Aqua Camph.,	oz. ss.

M. Dose.—One tablespoonful with water after each flux from bowels, and as a rule, at bed time, even if the diarrhœa is apparently checked at that hour, and *this rule*, should be persisted in for two or three days, or until the diarrhœal tendency has been entirely subdued.

—oo—

PEPSIN—PANCREATINE—DIASTASE.

In addition to *LACTOPEPTINE* we manufacture *PEPSIN*, *PANCREATINE* and *DIASTASE*. They are put up separately in one ounce and pound bottles.

They will be found equal in strength with any other manufacture in the world.

They are all presented in a saccharated form, and are therefore very palatable to administer.

COMP. CATHARTIC ELIXIR.

The only pleasant and reliable Cathartic in liquid form that can be prescribed.

Each fl. oz. contains:

Sulph. Magnesia,	1 dr.
Senna,	2 "
Scammony,	6 grs.
Liquorice,	1 dr.
Ginger,	3 grs.
Coriander,	5 "

With flavoring ingredients.

Dose.—Child five years old, one or two teaspoonfuls; adult, one or two tablespoonfuls.

This preparation is being used extensively throughout the country. It was originated with the design of furnishing a liquid Cathartic remedy that could be prescribed in a palatable form. It will be taken by children with a relish.

MAINE INSANE HOSPITAL, AUGUSTA, Feb. 25th, 1875.

I am happy to say that we are much pleased with the Compound Cathartic Elixir. It has, so far, proved the best Liquid Cathartic we have ever used in our Institution. It acts effectively and kindly, without irritation or pain. H. M. HARLOW, M. D.

All our goods are of guaranteed strength and uniformity.

Strychnia Compound Pill.

Strychnia, - - -	1-100 grain.
Phosphorus, - - -	1-100 "
Ex. Cannabis Indica, -	1-16 "
Ginseng, - - -	1 "
Carb. Iron, - - -	1 "

Dose—One to two.

A reliable and efficient Pill in Anaphrodisia, Paralysis, Neuralgia, Loss of Memory, Phthisis, and all affections of the Brain resulting from loss of Nerve Power. Price, 80 cents per hundred.

Sent by mail, prepaid, on receipt of price.

Hæma, Quinia and Iron Pill.

Ext. Blood, - - - -	2 grains.
Quinine Sulph., - - -	1 grain.
Sesqui Oxide Iron, - - -	1 "

Dose—One to three.

Price, \$2.00 per hundred.

Sent by mail, prepaid, on receipt of price.

HEMA PILLS.

We beg to present to the Medical Profession for their special consideration our several preparations of Blood Pills. The use of Blood medicinally, and the importance of its administration in a large class of diseases, has arrested the attention of many of the leading Physicians of Europe, and has received their warmest attestation. Prominent among these may be mentioned Prof. Panum, of the University of Copenhagen, who is using it with great success in the hospital of that city.

At the abattoir in this city, Boston, and in every part of the country, there can be seen numerous persons afflicted with Pulmonary Affections, Chlorosis, Paralysis, Anemia, and other ailments, who are daily drinking the blood of the ox, and many with more benefit than they have derived from any other source.

The blood used by us being *Arterialized Male Bovine only*, is seenred as it flows from the animal in a vacuum pan, and the watery portion (85 per cent.), eliminated at a temperature not exceeding 100° F., the remaining mass, containing every constituent of the blood, being the base of our preparations.

HÆMA (Ext. Blood), 4 grs.	HEMA COMP.	HÆMA, QUINIA, IRON AND STRYCHNIA.
<i>Dose</i> .—Two to four.	Ext. Blood, 2 grs.	Ext. Blood, 2 grs.
90 cts. per hundred.	Lacto-Phosphate Lime, 1 gr.	Quinine Sulph., 1 gr.
	Pepsin, 2 gr.	Sesqui Oxide Iron, 1 gr.
	<i>Dose</i> .—One to three.	Strychnine, 1-75 gr.
	\$1.50 per hundred.	<i>Dose</i> .—One to three.
		\$2.00 per hundred.

Samples sent to Physicians, postage prepaid, on receipt of price.

LACTOPEPTINE and most of our leading preparations can be obtained from the principal Druggists of the United States.

SUGAR COATED PILLS, TROCHES AND POWDERS CAN BE SECURELY SENT BY MAIL.

Price of LACTOPEPTINE by Mail.

One ounce sent by mail, prepaid, on receipt of	\$1 00
One pound " " " " " "	13 00

A fraction of an ounce or pound sent by mail on receipt of corresponding price.

We guarantee all goods of our manufacture.

In ordering please designate R. & C.'s manufacture.

Send for PRICE LIST, DOSE BOOKS and DISCOUNTS.

OCT. 15TH, 1875.

Respectfully,

REED & CARRICK, Manufacturing Pharmacists,

198 FULTON STREET, NEW YORK.

E. FOUGERA & CO.'S

Medicated Globules.

The form of Globules is by far the most convenient as well as the most elegant form for administering liquid preparations or powders of unpleasant taste or odor. The following varieties are now offered :

Globules of **Ether; Chloroform; Oil of Turpentine; Apiol;**
Phosphorated Oil, containing 1-60th grain of Phosphorus;
Phosphorated Oil, containing 1-30th grain of Phosphorus;
Tar; Venice Turpentine; Copaiba; Copaiba & Tar;
Oleo-Resin of Cubebs; Balsam of Peru;
Oil of Eucalyptus; Cod Liver Oil; Rhubarb;
Bi-carb. of Soda, Sulph. Quinia, &c.

The superiority of these Globules over other forms consists in the ease with which they are taken, and in their ready solubility and hence promptness of action.

They are put up in bottles of 100 each.

For descriptive circulars and samples address,

E. FOUGERA & CO.,
30 North William Street, New York.



BOUDAULT'S PEPSINE,

And Wine, Elixir, Syrup, Pills and Lozenges of Pepsine.

Since 1854, when Pepsine was first introduced by Messrs. CORVISART and BOUDAULT, Boudault's Pepsine has been the only preparation which has at all times given satisfactory results.

The medals obtained by Boudault's Pepsine at the different exhibitions of 1867, 1868, 1872, and recently at the Vienna Exhibition of 1873, are unquestionable proofs of its excellence.

In order to give physicians an opportunity to judge for themselves, all Boudault's Pepsine will hereafter be accompanied by a circular giving plain directions for testing it. These tests will enable any one to satisfy himself of the superiority of Boudault's Pepsine, which is really the *cheapest*, since its use will not subject physicians and patients alike to disappointment.

CAUTION.—In order to guard against imitations each bottle will hereafter be sealed by a red metallic capsule, bearing the stamp of our trade mark, and secured by a band having a fac-simile of the medals, and the signature of Hottot, the manufacturer.

Is sold in 1 oz., 8 oz., 16 oz., Bottles.

E. FOUGERA & CO., New York,

GENERAL AGENTS FOR THE U. S.

“LA PLATA” Extract of Meat.

Prepared by
A. BENITES & CO.,
Buenos Ayres, S. A.



None genuine without this
TRADE MARK,
“Bullock Reclining.”

This is a pure extract of beef, free from fat and gelatine. Each pound contains the soluble nutritive constituents of 34 to 36 pounds of the finest beef, exclusive of bones or fat, corresponding to about 45 pounds of good butcher's meat. *It will keep unaltered for years in any climate.*

CAUTION.—Persons wishing to use a pure extract of beef, will do well to specify the “LA PLATA,” with above trade-mark, and accept no other.

DELACRE'S LA “PLATA” Extract of Meat Chocolate,

Containing in one preparation, and under a most agreeable form, a large proportion of tonic and nutritive principles.

It is a *pure chocolate*, containing the purest extract of beef, and is a most useful tonic and nutritive agent for invalids and convalescents, and for persons of feeble or delicate constitutions.

It contains 3 per cent. of La Plata Extract of Meat, and every square represents the nutritive constituents of 11½ ounce of fresh beef.

It is used as ordinary chocolate, and is sold in packages, with full directions.

HEMATOSINE, This new preparation, recently introduced in Europe, may be truly called a PHYSIOLOGICAL REMEDY.

HEMATOSINE constitutes the basis of the red globules of the blood, and is the organic substance now known, which is richest in assimilable iron.

In HEMATOSINE Iron is presented in the normal state in which it exists in the blood, and hence it is superior to other ferruginous preparations, for it enters into the circulation without undergoing any change. It is therefore received without fatigue by the most delicate and the most sensitive constitutions, which will not bear the ordinary chalybeates.

Hematosine is offered in the form of pills, and is applicable to all cases in which the use of iron is indicated.

It will be found a most efficacious remedy for Anæmia, Chlorosis, Leucorrhœa, Amenorrhœa, Dysmenorrhœa, General Debility, Slow Convalescence, &c.

E. FOUGERA & CO., Importing Pharmacists,

General Agents for the United States,

No. 30 NORTH WILLIAM STREET, NEW YORK.

Grimault & Co.'s Pharmaceutical Products

Grimault's Guarana,

Prepared from the *Paulinia Sorbilis* of Brazil. It is a sovereign remedy in *Headache, Neuralgia* and *Diarrhœa*.

Iodised Syrup of Horse-Radish.

A pleasant substitute for Cod Liver Oil, prepared from juices of anti-scorbutic plants. Each tablespoonful contains one grain of Iodine, so intimately combined as to be insensible to the action of starch.

Dr. Leras' Phosphate of Iron,

In solution, Syrup or Sugar Coated Pills.

A pleasant combination of Pyrophosphate of Iron and Soda, colorless and tasteless. It is readily assimilated and used with great success in *Chlorosis, Anæmia, Dysmenorrhœa, etc.*, replacing all other ferruginous preparations. It never causes constipation.

Syrup of Hypophosphite of Lime,

Dr. Churchill's Prescription.

Prescribed by the most distinguished physicians for *affections of the lungs, Phthisis, etc.* Each tablespoonful contains two grains of the pure hypophosphite.

Also Syrup of Hypophosphite, of Soda, of Iron and of Manganese.

Digestive Lozenges and Powders of the Alkaline Lactates.

(SODA AND MAGNESIA.)

OF BURIN DU BUISSON.

The researches of DR. PETREQUIN, Prof. at the School of Medicine of Lyons, aided by Mr. BURIN DU BUISSON, the eminent chemist, have established beyond a doubt the *special adaptation of the Alkaline Lactates* to the treatment of functional diseases of the digestive organs. These preparations will be found very beneficial in *imperfect and laborious digestion, heartburn, gastralgia, loss of appetite, nausea, distention of bowels and stomach*. They are more certain and less irritating than calcined Magnesia or preparations having *Charcoal, Bismuth, or bicarb of Soda* for their basis.

Digestive Lozenges and Powders of the Alkaline Lactates with Pepsine.

These are prescribed in certain cases when the digestive powers are deranged, weakened, or null.

Dusart's Lacto-Phosphate of Lime.

(SYRUP AND WINE.)

DUSART'S PREPARATIONS OF LACTO-PHOSPHATE OF LIME present to the physician the phosphate of lime in the combination in which it exists in the stomach, after it has been acted upon by the gastric fluid. It is, therefore, ready for assimilation, and hence, the Lacto-Phosphate should be preferred to the ordinary bone phosphate, which frequently is insoluble, or nearly so.

DUSART'S Work on the "PHYSIOLOGICAL AND THERAPEUTIC ACTION OF PHOSPHATE OF LIME" will be sent free on application to the Agents.

E. FOUGERA & CO., New York, Agents for the U. S.

SAVORY & MOORE, 143 New Bond Street, London, beg to call the attention of the Profession generally to some of the later preparations brought out in England, the purity and uniform strength of which can be guaranteed.

SAVORY & MOORE'S

Genuine Pancreatic Emulsion and Pancreatine.

In diseases where Wasting, loss of power of Digestion and Assimilation are prominent symptoms, the Pancreatic Emulsion and Pancreatine are the most potent Remedial Agents. When Cod Liver Oil fails to increase weight, or cannot be tolerated by the stomach, the Pancreatic Preparations are the only remedies which can supply its place, and give the power of digesting the oil.

PANCREATISED COD LIVER OIL.

A reliable combination of Pancreatine with the Oil, rendering its digestion easy and rapid.

PANCREATINE WINE.

For the digestion of Cod Liver Oil, solid Fat, and Food generally. The Wine and Cod Liver Oil readily form an Emulsion when shaken together in equal proportions.

PHOSPHORISED COD LIVER OIL.—With Quinine.

PHOSPHORUS PILLS—PURE.

Of all sizes and strengths, non-resinous and perfectly soluble. Most of the uncertainty of operation experienced in the internal administration of Phosphorus may be traced to the use of Oxydised or Allotropic Phosphorus, preparations which are less active and more uncertain.

PEPTODYN, the New Digestive.

Digests all kinds of Food—the Farinaceous, Fibrinous and Oleaginous: being a combination of the several active principles of the digestive secretions, Peptic, Pancreatic, &c.

Five grains of Peptodyn (Powder) digests 100 grains of Coagulated Albumen, 100 grains of Fat, 100 grains of Starch.

BEST FOOD FOR INFANTS,

As supplied to the Royal Families of England and Russia.

Feeding infants on the best, *i. e.* the most *nourishing* and *easily digested* Food, has recently occupied much of the attention of the profession, and the fallacy and danger of *employing Starch*, in the form of *Corn Flour* and other *high sounding titles* has been repeatedly pointed out.

This food resembles Mother's Milk more closely than any other kind, perfectly fulfilling its object—that of promoting the GROWTH and HEALTH of the Child.

DATURA TATULA, for Asthma.

and Chronic Bronchitis. Recommended by the Profession as a remedy of great power and usefulness in cases of short and difficult breathing, spasmodic coughing, &c. Grown by SAVORY & MOORE, and prepared in all forms for smoking and inhalation.

SAVORY & MOORE'S NEW DISCS.

For Hypodermic Administration.

The following are now ready for issue in small wallets, separately, or in leather cases containing six or more wallets of various discs, with small spoon, &c., complete:

Apomorphia, 1-10th of a grain.
Atropia Sulph., 1-120th of a grain.
Cocleia, 1-1th of a grain.
Caffeine, one-half of a grain.
Quinine, one half of a grain.
Strychnia, 1-60th of a grain.

Elaterium, 1-12th of a grain.
Ergotine, 1-3rd of a grain.
Morphia, 1-6th of a grain.
Physostigmine (or Eserine), equal to 1-6th of a grain of the extract of Calabar Bean.

Prepared only (and Patented in Great Britain and the Colonies, the principal countries in Europe, and the United States of America,) by

SAVORY & MOORE, 143 New Bond Street, London.

For Sale by the leading Druggists in America.

FOUGERA'S

COMPOUND



IODINISED

COD LIVER OIL.

The immeasurable therapeutic superiority of this oil over all other kinds of Cod Liver Oils sold in Europe or in this market, is due to the addition of IODINE, BROMINE and PHOSPHORUS.

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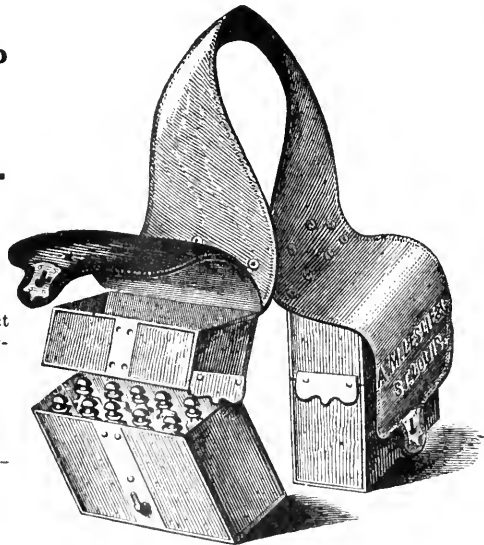
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